A Course of Lectures
ON
PAIN,
AND THE
THERAPEUTIC INFLUENCE OF MECHANICAL AND PHYSIOLOGICAL REST
IN
ACCIDENTS & SURGICAL DISEASES.

[*Delivered in the Theatre of the Royal College of Surgeons,*

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LECTURE II.—PART II.

I NOW proceed to the examination of the distribution of the

External or Musculo-Cutaneous Nerve

of the upper extremity, the cutaneous portion of which is very nicely shown in this diagram. You see the nerve spreading its

FIG. 8.

a, Musculo-cutaneous nerve piercing the fascia of the arm just above the bend of the elbow to the outer side of the tendon of the biceps, and then distributing its branches to the skin of the lower part of the upper arm and the forearm, as far as the wrist-joint.
b, Branch of the radio-spiral nerve supplying the skin along the outer edge of the arm, over the supinator longus.

branches down the anterior and outer part of the forearm, nearly as far as the base of the radius. Now what is the object of this nerve? It is derived from the fifth, sixth, and seventh cervical nerves, and it has a well-defined distribution to the muscles, fascia, and skin. It goes to the coraco-brachialis, to the biceps, and then to the brachialis anticus, and thence proceeds a branch to the anterior part of the elbow-joint, thus carrying out the articular association as displayed in the case of the circumflex nerve. The nerve now becomes subcutaneous, reflects a branch over the lower part of the biceps, and then prolongs numerous branches (apparently at first thought) far away from the muscles with which it is associated. You may first observe the recurrent branch passing upwards to the skin over the lower part of the biceps; from the tendon of this muscle proceeds what is termed its fascial insertion. Now the fascia of the forearm is part of the insertion of the biceps—it is an essential part of it; so that instead of this musculo-cutaneous nerve departing from the arrangement to which I have referred, it substantiates it most completely, because it is distributed to the skin over the fascia which that muscle moves. And mark another association here: a part of the radio-spiral nerve comes over the supinator radii longus, as it ought to do, because that muscle is supplied by the radio-spiral nerve. On the inner side should be seen a portion of the internal cutaneous branch of the median nerve, because the fascia on the inner side gives attachment to the pronator radii teres, the flexor carpi radialis, and the flexor carpi ulnaris. These muscles are supplied by the median nerve, and they arise from the fascia; and when they contract, they can exert some influence upon the fascia: so that this fascia is, as it were, the common property of three nerves. Here, then, we have an arrangement of nerves which points very distinctly to the muscular, articular, and cutaneous branches all associated in one trunk. The muscles being attached to the fascia is no doubt the reason why we have such difficulty sometimes in treating injuries to the fascia. If we have a large sub-fascial abscess to treat we all know the difficulty of healing it, in consequence of the fascia of the forearm being freely movable by muscles; and unless we can keep certain muscles quiet which at first thought might appear to have no relation to the abscess, we cannot succeed with our treatment. This is, however, to be accomplished by the employment of mechanical pressure by bandages, so as to coapt the internal surfaces of the abscess, and to quiet the biceps and the muscles of the upper part of the arm by making pressure upon them, and so securing mechanical rest to the walls of the abscess.

Associated with this nerve I feel bound to place before you one or two facts bearing on the practice of our profession, because if I should take up your time without showing you that some practical advantage was to be obtained, I should be asking you to make a sacrifice which would not be justifiable. We have here a drawing of a dissection made by myself many years

FIG. 9.

Veins and nerves at the bend of the elbow, from a dissection in reference to an occasional result of venesection.
a, Inner cutaneous nerves. *b*, External cutaneous nerve-branch of the same nerve which supplies the biceps and brachialis anticus. *c*, Opening made into the fascia to expose the brachial artery and its accompanying veins. *d*, Internal condyle of the humerus.

ago, showing the superficial nerves and veins of the anterior part of the elbow-joint, and also the brachial artery and its accompanying veins. You see a part only of the external cutaneous nerve; and the inner cutaneous filaments are seen, some travelling over and others under the different superficial veins.

Cause of Bent Arm after Venesection.

Now formerly, when bleeding was a common operation, (it it is very rare now,) patients used sometimes to suffer from what was termed a "bent arm," after, and as the result of, venesection. That was explained by supposing that the fascia had been wounded during venesection; this supposition was adopted, because the fascia and tendon of the biceps stood prominently out, and forced themselves upon the attention of the surgeon. It seems to me clear, that injury to the fascia is not the explanation. The explanation is this: that in venesection one of these little filaments of nerve is wounded. As the lancet is passing into the vein, the patient feels a very sharp, acute, electrifying pain running from the seat of injury into the upper arm, and then distributing itself upon the back of the neck or shoulders, indicating that something unusual has happened. Now, under these circumstances, what occurs? Almost always the wound is unhealthy; it suppurates, granulates, and becomes exceedingly painful, and there is subsequently a very coarse cicatrization. How is it that the arm becomes bent? The injured nerve is a branch of that trunk which supplies the biceps and brachialis anticus. The effect of the injury is carried upwards to the spinal marrow, and reflected along the motor filaments supplying the biceps and brachialis anticus, and produces a spasmodic contraction in them. This is really the cause of bent arm, which I accept in preference to the other interpretation as to the wound in the fascia.

But this point may be carried a little further. It is nearly twenty years ago since I saw a patient who for several years had had a bent arm after venesection. I cut away the old cicatrix, which was very tender; small filaments of nerve were detected in the cicatrix, and from the time of the excision of the cicatrix the patient was free from "bent arm." This demonstrated to my mind, that the "bent arm" which followed venesection was not the result of a wound of the fascia, but of a wound of one of these nerves supplying the muscles which are capable of bending the arm. Thus I have a right to say, that we can attach to these nerves points of practice which, at first sight, do not appear, when it is simply stated as a sort of axiom, that the same nerve that supplies the muscles, supplies the skin over the insertion of those muscles.

Injury to the Musculo-Cutaneous Nerve by a Bullet.

I once had an excellent opportunity of seeing a well-marked case of injury to this musculo-cutaneous nerve. A lieutenant in the navy was at Lagos, fighting with the barbarians. He jumped ashore with his sword in his right hand, and ran with his men up to a stockade. Although he was struck once or twice, he went forward, and presently his sword-arm dropped; he could grasp his sword in his hand with great vigour, but could not bend or raise his forearm. This gentleman received seven balls before he returned to his boat; some of them went through the right side of the chest. When I saw him in London, I removed a bullet from his leg, and he then explained to me the nature of the injury which he had received in his arm. It was the most precise experiment that you could possibly conceive upon this external cutaneous nerve. The bullet had bruised or severed this nerve, and paralysed the biceps and brachialis anticus; both muscles were wasted, whilst the other muscles of the arm were well developed, thus causing a curious-looking depression in the arm over the wasted muscles. In order to bend his right forearm, he used to place his left hand behind his right hand, and forcibly jerk the forearm into the flexed position. The sensibility of the skin over the ordinary distribution of the external cutaneous nerve was destroyed. He had consulted the late Mr. Guthrie as to whether he should give up his appointment in the Service or not, and he subsequently came to me with the same object. I said I did not think the nerve could be divided. It might be so; but, no doubt, the nerve was seriously injured. I advised him, whether the nerve were divided or not, to retain his commission, as the probability was greatly in favour of the nerve being ultimately repaired. He obtained leave of absence for two or three years, and wore his arm in a short sling. I met him three years afterwards in Piccadilly, when he flourished his stick in the air with his right arm, and said he was ready for anything. I asked him how long he had been getting well, and he told me, "About two years and a half." His arm was quite strong, and the wasted muscles had nearly regained their normal size. The power of grasping and moving the fingers which this gentleman retained after his injury, left no doubt that the median and ulnar nerves were uninjured. This was a well-defined injury, that expressed very completely the distribution of the musculo-cutaneous nerve. This gentleman, now a captain in Her Majesty's Service, is receiving his reward for his courage and his wounds.

Exostosis pressing upon the Musculo-Cutaneous Nerve.

I may mention another fact with regard to the same nerve. Four or five years ago a boy came to me at Guy's Hospital with his arm contracted, and suffering a good deal of pain in the course of the external cutaneous nerve. On careful examination, I found a simple exostosis pressing upon this nerve as it passed through the coraco-brachialis muscle. He had several other similar exostoses at different parts of his body, but they did not pain him. I cut down upon the exostosis to which I have specially referred, and removed it. He had no longer any pain, and was soon able to move his arm freely.

I think, then, that this external cutaneous nerve does manifest the law or principle of nervous distribution which I have endeavoured to point out,—that the same trunk of nerve which supplies the muscles, supplies the joints which those muscles move and the skin over the lengthened insertion in the fascia.

I am speaking in accordance with the experience of everybody when I say that an inflamed elbow-joint, permitted to take its own course, always becomes flexed under the influence of the biceps and brachialis anticus muscles; and I think we can understand, from the distribution of the same nerve to the joint and muscles moving it, why it sould be so. I think we may also find some advantage in remembering what I have now pointed out with respect to the cutaneous nerves of the arm; and I believe that if strong anæsthetics were applied over the course of these cutaneous nerves, we should be entering upon a line which would ultimately influence the same nerve as it proceeds to supply the different flexor muscles.

(To be continued.)

ON

ENLARGEMENT OF THE THYROID GLAND, WITH PROPTOSIS, &c.

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THE thyroid gland is subject to enlargement from different causes, and it presents features of interest according as these can be distinguished one from another. The common form is that known as goitre, the origin of which is, by many, ascribed to the habitual use of water impregnated with certain salts, such as may be chiefly found in mountainous regions. But it has never been satisfactorily explained by what means the imbibition of hard water acts on a gland so remote from the centre of assimilation; and although instances have been recorded tending to substantiate the fact, it is nevertheless extremely difficult to believe. Without totally denying that such a cause exists, I am persuaded it is not the only one, and the object of this paper is to call attention to some other agencies by which this disease may be induced. If there is one thing more remarkable than another in the nature of the thyroid gland, it is its great and often morbidly increased vascularity. We can understand how this is brought about when we reflect on the numerous channels through which blood is conveyed to the organ, and their intimate relation to the principal arteries of the body. If, in a state of health, when of only moderate size, we find five ample vessels bringing the vital fluid into its substance, how obviously must its dimensions increase when, under the influence of disease, this supply is enlarged by the dilated condition of these arterial trunks, often together with impairment of the venous return and a subsequent general development of vessels throughout the entire gland. It has not, so far as I am aware, ever been mooted that such excessive development arises from causes mainly traceable to impaired nervous power; that the dilatation of the arterial trunks constitutes the principal feature of the disease, unless when the veins are similarly affected through a faulty condition of the right cavities of the heart. When such a state exists, we need not go out of our way to find an origin for the complaint in the water used by the patient. The cause is plainly enough de-

monstrated to all who are open to conviction. Now the most palpable proofs of arterial dilatation occurring under the influence of the sympathetic nervous system are already well known. They are constantly manifested in the familiar phenomena of blushing and the turgescence of erectile organs; that this plays an important and very frequent part in the origin and progress of internal diseases is more than probable.

We cannot, however, so readily satisfy ourselves how the sympathetic system can be affected by eccentric objects—as, e. g., the atmosphere—so as to lead to this result. In congestion and enlargement of the spleen under the influence of marsh miasma, or from the intense constriction of the tegumentary system of capillaries in the cold stage of ague, we see obvious reasons for the change in its structure or bulk; but in a somewhat similar body situated externally we are not so ready to acknowledge cause and effect. Why this in particular should be so much altered in dimensions by drinking certain water seems to add considerably to the perplexity of the subject. We shall better succeed in elucidating the matter by regarding it simply as the evidence, or outward sign, of a peculiar form of disease, which consists of a tendency to relaxation of the walls of particular vessels under the influence of a morbid condition of the ganglionic system, and we may thus trace it to its source almost as readily as any other disease.

There are certain essential conditions usually required for inducing the disorder in question. A humid atmosphere, accompanied by warmth and an absence of free ventilation; an injudicious mode of life; want of attention to prophylactic measures, or an accidental proclivity to the disease, in persons who are unable to change their condition. It will be more likely to occur, *ceteris paribus*, in females than in males, for two reasons: first, because they are considerably more sensible or obnoxious to these causes, from their more delicate organization and habits of life; secondly, because they are habitually under the influence of the sympathetic nervous system in a far greater degree than the other sex, owing to their uterine functions. It is therefore without astonishment that the cases presented to our notice are almost, if not altogether, confined to women or girls, and very seldom occur on the part of men. In Switzerland, goitre undoubtedly attacks the male sex also; but the miserable, diseased, emasculated beings who thus suffer are hardly entitled to the appellation of men, in the usual sense of that word.

Confining my description rather to the cases which occur in this country, and more especially to such as are common in the neighbourhood of this hospital, I will endeavour to consider, as far as space permits, the aspect and conditions of thyroid enlargement in common life. The most ordinary form which it presents for treatment amongst the out-patients of this institution consists of simple enlargement of the gland, without induration, or redness, or painful impediment to the function of respiration or ingestion. The gland is mostly the size of an orange, soft, and compressible; free from pain; it has existed for some indefinite period, generally described as a few months, or occasionally years, but it will be added "it is getting larger of late." The patient may be from twelve to fifteen years of age, and presents the appearance of a delicate girl; but it will sometimes manifest itself at a much earlier age, and even with an aspect of general health. At any rate the functions of the body are in general tolerably performed. Under the use of tincture of iodine applied to the swelling for a period of some months, it gradually shrivels and disappears. Or again, the applicant for relief will be a woman of five-and-twenty or thirty years of age: in this instance the tumour will probably be of the dimensions of a man's fist, and the lobes may be readily distinguished. The right one is more frequently enlarged than the left; I have, however, met with some few cases in which both were considerably increased in bulk, but the isthmus, or middle lobe, was scarcely perceptible.

It will be observed these are not proper examples of goitre, but seem to be rather a modified form of that complaint, arising in delicate subjects, who may at the same time be affected with functional or organic disease of the heart, and occasionally subject to protrusion of the eyeballs. Now, proptosis is principally observed in young women, sometimes unaccompanied by any enlargement of the thyroid; or, where the latter exists, there may be no appearance of protrusion at the period of her visit to the hospital, but she will admit, perhaps, that such protrusion does happen at other times, and it is also noticed by her friends. In two or three well-marked examples there have been neither thyroid swelling nor decided cardiac symptoms; in others a bruit has been observed on auscultation, but without the thyroid complication. I allude to cases that have come under my own observation.

A little girl, of five or six years old, was lately brought to the hospital by her mother on account of "her throat growing out." This is the usual term. The patient was an intelligent and very susceptible child, of thin, nervous habit; eyes somewhat full, but not protruding, though the mother asserted they seemed to "stand out" sometimes at home. There was a marked enlargement of the thyroid body, which on being handled presented a loose, distensible feel to the hand, very like that well-known "bag of worms" with which students are so familiar in connexion with varicocele of the cord; but my attention was directed more especially to the distended veins of the neck. The external jugulars were extremely dilated, and their appearance led me to apply the stethoscope over the cardiac region. A loud, harsh, systolic murmur was audible at the base of the heart, extending towards the right clavicle. The impulse was increased in force; the pulse rather weak and small. I learned she was liable to palpitation on making any unusual exertion, to which she was quite unequal. She had always been so; had never suffered an attack of rheumatism; was not subject to fainting, nor lividity of the face or lips. Her mother seemed quite unaware there was anything wrong with the child's heart; but stated, on being closely questioned, that another of the family was similarly affected, and subject to palpitation. The father had also suffered in the same way. I applied strong tincture of iodine to the tumour almost *pro formâ*, scarcely expecting any relief, and I gave some general advice as to the regimen and mode of life necessary to be observed. A fortnight after she called again; the stain of the iodine was still visible, but the swelling had well nigh disappeared; the integument was shrivelled, and the thyroid sensibly diminished in size; the excessive venous distension had also subsided. I am inclined to regard this happy result as the effect of keeping her quiet, and avoiding all exertion or excitement, but perhaps not altogether. I renewed the application, and desired her to call again. She has twice or thrice since then been to see me, and the condition of the thyroid is now almost, if not perfectly, normal. The systolic murmur and heart's impulse have alike grown less, and the former on a cursory examination could not be detected.

The above case I look upon as rather unique; certainly the state of the thyroid was palpably different from the ordinary appearances of its diseased condition. In these the tincture of iodine, painted on once a week, is eminently serviceable, without any other treatment. Where the engorgement results from cardiac derangement, we must seek relief by whatever tends to diminish the local determination, if this is possible to be accomplished; and where the derangement is only functional, by the general use of tonics and the avoidance of debilitating influences and all morbid excitement. When proptosis is a concurrent symptom, the same plan of treatment may be reasonably expected to prove beneficial. We may generally regard the ganglionic nervous system as to blame, and our remedies, such as they are, must be specially directed to alter and counteract its irregular action. The tincture of sesquichloride of iron appears to exercise some specific influence on the coats of the capillaries, and hence, perhaps, its great value in the treatment of simple erysipelas, which I have borne witness to in THE LANCET. Ergot of rye no doubt causes contraction of the arterial coats through its power on the sympathetic system, as evidenced in uterine force increasing under its administration. As a general tonic, we have in the sulphate of quinine the most valuable agent, and its importance in the cure of debility from ganglionic depression cannot be overrated. Many patients who apply here for the relief of this disease are living under some of the bad sanitary conditions I have alluded to: often in low, damp, sheltered spots, either in the neighbourhood of water, or in the deep recesses of hills, where, in the summer months, they are surrounded by woods in full leaf, engendering the noxious influences of a close, humid, and relaxing atmosphere. Some, of course, reside in the town, in the lower parts, by the water side, where their state is but little better. We find that in Switzerland goitre abounds chiefly in the Alpine valleys, where the effects of heat and moisture are powerfully combined; and this is materially connected with the disease, as shown by the beneficial results of a removal to a more elevated region. Hence we may reasonably conclude that residence in a dry bracing air, together with suitable regimen and medicine, will always afford the most speedy and efficacious cure.

The length of this paper precludes my dwelling further on the subject of treatment: the pathology of the complaint, more especially in relation to its cause and connexion with other maladies, cannot be too fully elucidated.

Kent County Ophthalmic Hospital, Maidstone, 1861.

THE HOT BATH: ITS PHYSIOLOGY, USE, AND ABUSE.

ESPECIALLY IN CONNEXION WITH THE TREATMENT OF DROWNING.

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(*Continued from p.* 432, vol. I., 1861.)

"From these facts it appears that warmth causes a greater exertion of the living powers than cold, and that an animal in a weakly state may be obliged by it to exert a quantity of the action of life, sufficient to destroy the very powers themselves.....The first (artificial respiration) in many cases may succeed alone; but the second (heat) must, I think, always fail where the powers of life are considerably weakened."—JOHN HUNTER *on Proposals for the Recovery of Persons apparently Drowned*, "Animal Economy," 2nd Edit., 4to, pp. 138, 139.

"Therefore in every case of vital suspension, the *primary object* is to institute *artificial respiration*, till the *natural breathing* can be re-established..... During this, if we attempt to raise the head suddenly to the natural standard, we exhaust the feeble remains of life.

"The most efficacious method of restoring heat, then, is to renew the generating power by renewing respiration."—DR. A. FOTHERGILL *on Drowning*, in "A New Inquiry into the Suspension of Vital Action," 1794, pp. 112, 134-5.

"On this account, and particularly as it is removing the cause of death, we cannot hesitate one moment in pronouncing the restoring the action of the lungs to be of the very first importance to recover the apparently dead."—CHARLES KITE, "An Essay on the Recovery of the Apparently Dead," 1788, p. 138.

"Thus we have traced the connexion of the symptoms, and the consequent cessation of the heart, to the obstruction of respiration, as to their proper cause."—EDMUND GOODWIN, "On the Connexion of Life with Respiration, Submersion," &c., 1788, p. 93.

"Death from drowning is similar to death from strangulation, and the want of the due oxygenation or decarbonization of the blood is the sole cause of the animal's destruction."—BRODIE'S "Lectures on Pathology," 1846, p. 85.

"It is surely not less essential to the progress of science and our art, to remove error than to establish truth.....So that the warm bath is not only positively injurious by *poisoning*, but negatively, by excluding the de-poisoning process."—MARSHALL HALL "On Drowning," &c., 1857, pp. 76, 78.

The treatment of the Royal Humane Society—The pathology of drowning—Opinions of Hunter, Fothergill, and others, proving the heart to be affected only through the lungs—Death by narcotism to be dreaded the longer the heart acts after the cessation of lung action—The danger, therefore, of accelerating cardiac action by the hot bath before the full establishment of respiration.

WHILST reviewing the opinions of physiologists upon the nature and mode of death by drowning, the important question of *treatment* must be borne in mind as the chief object of this inquiry.

It is attempted to decide experimentally, and upon good physiological grounds, whether the continuous hot bath is useful, justifiable, or, on the other hand, productive of harm in the treatment of the drowned. If the treatment was being discarded or was dying out, then the question would be of the less importance; but as the continuous hot bath is still employed as the main treatment at the Receiving-house in Hyde-park, two fatal cases having been just lately treated by it, there is the more need for new experiments, and for our recalling to mind the opinions of the best authorities on the subject; these are alluded to in the heading of this paper. I have, moreover, placed upon record observations which I have made with the kind assistance of Mr. Braine, present house-surgeon of St. George's Hospital, and other gentlemen, upon individuals in the hot bath, showing how the heart and the lungs, the most important organs affected in the drowned, are especially affected by that agent.

Now, from the way in which those organs were influenced by the bath, it became evident, as a result of the experiments, that, *if* in drowning the failure of cardiac action was the main evil and the cause of the other symptoms, then the employment of the hot bath might be advantageous; but that, if the failure of the heart's action was a secondary or brought-about phenomenon, then the warm or hot bath—a question only of degree—would be certainly prejudicial.

The most natural question to be next considered would therefore be, whether in drowning vitality ceased from the lungs first or from the heart. If from the heart, one can readily understand how it is that the Royal Humane Society invariably recommend the hot bath and other forms of *heat*, as cardiac stimuli, &c., and pay little or no attention to the state of the lungs, because, perhaps, they suppose them to be only secondarily affected.

Before condemning *in toto* the heart-exciting system as injurious, one must be certain that the heart is not the chief want to attend to, and for that reason I quote the opinions of those who have most studied the physiology of drowning. Now it can be shown and verified that—

1st. In drowning, the lungs are the organs first and mainly affected.

2ndly. That the heart is influenced only in a secondary and consequent manner.

And that therefore, with regard to the mode of death—

3dly. The lungs cease to act before the heart does; and

4thly. Death is from the lungs by apnœa, or its secondary effects on the system.

From which established facts it stands to reason—

5thly. That the first and chief part of the treatment should be directed to the lungs and the improvement of the pulmonic circulation; and

6thly. That the heart and systemic circulation should only receive secondary attention.

Where is the evidence on which to base these views? In the writings of the past great ones and in their recorded experiments are to be found a collected mass of evidence thoroughly conclusive. Take, for instance, that most important experiment of John Hunter on the dog,* and his sound deductions therefrom; or the elaborate and conclusive "Inquiry" of Fothergill, well worthy of the gold medal awarded to him by the Royal Humane Society; and in the host of experiments by Goodwyn, Kite, Curry, Coleman, and others, are to be found proofs of the facts here put forward.

The experiments of all these great men—some of whom for their researches received medals from the Royal Humane Society—*tend to the condemnation of the hot bath;* for they all show that to restore the respiration is of the first importance. Thus John Hunter tells us—"The privation of breathing appears, however, to be the first cause, and the heart's motion ceasing to be the second or consequent; *therefore most probably the restoration of breathing is all that is necessary to restore the heart's motion.*†

Goodwyn, by his numerous experiments, confirms the idea that the cessation of the respiration is the first cause. He tells us that the heart was found beating (in animals drowned) after respiration and all other signs of life had ceased, and "that the water produces all the changes that take place in drowning, indirectly by excluding atmospheric air from the lungs."‡

Fothergill also points out that the heart is affected through the lungs§—"No sooner is the vital air excluded than respiration is suspended; the passage of the blood through the lungs is intercepted, and of course through the whole system. The action of the heart being impeded by the same cause, the circulation is suppressed."

To avoid excess of quotations, we may, with Professor Taylor, sum up by saying, "that no doubt now exists amongst physiologists that death by drowning is due to asphyxia or suffocation, in which condition the blood is either circulated in a state unfitted to support animal life, or its circulation through the minute vessels of the lungs is wholly arrested."‖ He further adds, "that the observations of Sir Benjamin Brodie and others clearly prove, however, that the circulation may be carried on for two or three minutes after respiration has ceased, so that there *is not a sudden cessation* of heart's action."¶

I need say little more to prove that the arrest of cardiac action is *not* the cause of death, or to show that the cardiac pulsations go on after respiration has ceased. It is evident, therefore, that the failure of the respiration is either directly or indirectly the cause of death. I must, however, mention, that the recent experiments of Dr. Waters, of Liverpool, show that cardiac action goes on even still longer than hitherto thought to be the case, and the average period that he found the ventricles continued to contract was nineteen minutes, dating from the commencement of asphyxia.**

If it be, then, the case that the cessation of the action of the lungs *first* takes place, and that the heart's action continues for some minutes, at least, *after* the cessation of lung action,

* Animal Economy, p. 134.
† Ibid, p. 133.
‡ Goodwyn on the Effects of Submersion, &c., pp. 5, 19.
§ Fothergill on the Suspension of Vital Action, p. 54.
‖ Taylor's Medical Jurisprudence, p. 646.
¶ Ibid., p. 647.
** THE LANCET, May 25th, 1861, p. 513.

and then only ceases from either a primary or secondary influence, the result of the state of the lungs, what inference must be drawn? None but the following:—

That the longer cardiac pulsations continue, after the lungs have ceased to act and purify the blood, the more effectually is the system being narcotized by the non-eliminated carbonic acid in the blood.

It would be well for the chief surgeons of the Royal Humane Society to ponder on these important truths: that the lungs do cease the first to act; and that *the longer the heart acts*, either naturally or *by hot-bath stimulation, before the respiration is restored*, the more surely is the system being *poisoned* by carbonic-acid narcotism. But they may possibly say—for they cannot argue the point physiologically—that the body is quite cold, the animal heat deficient; and that for these reasons, as well as to restore the heart's action, do they recommend the hot bath. There does, at first sight, seem some reason to justify the hot bath, not for the sake of cardiac stimulation, but to warm the body and retain what animal heat there still may be; but when the cause of the loss of animal heat is considered, I believe that true, sound physiology would discard the hot bath as a means of adding warmth to the body, and for retaining animal heat.

It is true that there are various functions arrested in suspended animation from drowning. These are—

1. The respiration.
2. The circulation.
3. The nervous power.
4. The power that generates animal heat.

And death must result if these be not restored. But which of these arrested functions must be first restored? For there must be—there cannot fail to be—an order of effect in the production of the phenomena manifested in suspended animation. Why does the heart cease beating? Why do the lungs cease acting? Whence is loss of animal heat, or the want of nervous power? The hot-bath advocates must remember that there *is* a natural order—an explicable sequence of phenomena—occasioned by submersion; and that the heart does not cease first, but last, in order; and that if treatment be first directed to that which ought last to receive attention, death is being doubly induced, both by want of attention to the "first want," and by attempting to treat the secondary or induced evils unscientifically, and not as Nature would.

If, for instance, instead of heating up the skin by a hot bath because it is cold, we consider that that coldness is due to the altered state of the blood, and that the lungs ought, therefore, first to be set to work to purify the blood; *then* we ought, with Brodie, "to express our obligations to Science if she teaches us to avoid things which ignorance has suggested as useful, but which are really detrimental."* There is no reason why the treatment of the "disease of drowning" (Goodwyn) should not be now in the present day simply and rationally treated.

Submersion or drowning, as to its effects, may be thus given:—

Main effects of submersion.

Occasioning primary apnœa:

1. Deprivation and induced expiration of air; Cessation of lung action.
2. Embarrassed cardiac action; and
   „ blood circulation.

Secondary effects.

Occasioning secondary apnœa:

3. Absence of blood purification.
4. Induced absence of nervo-muscular power; of consciousness, reflex action, &c.
5. Gradual loss of animal heat.
6. Entire cessation of cardiac action.

This view is in accordance with the opinions of the highest authorities, and confirmed by recent experiments.

Indications for treatment.—What should be the rational treatment for a person with suspended animation, whose every symptom is traceable to deprivation of air and cessation of lung action?

"If a poor creature," says Marshall Hall, "be perishing for want of food, we cautiously administer food. If a man be in like manner perishing for want of air, should we not administer air? Is not this simple and reasonable? And, in the case of drowning, is not the want of air the first condition to which we should bring succour, and the want of temperature the second or third? And should we not first administer to the first want?"*

Air is, then, the first want, and the power to breathe it the second.

What can be more clear or reasonable than the following admirable passages from Copland:—

"The indications are, firstly, to remove the patient as soon as possible from the causes which occasioned the asphyxied state; and, secondly, to restore the functions of the respiration, and *through it the circulation*. The restoration of the function of the respiration is to be attempted by various means calculated, in the first place, to dislodge the impure air contained in the lungs; secondly, to replace it with pure air; thirdly, to excite the remaining vitality of the nerves and muscles; and, fourthly, to restore the circulation by measures calculated to return the blood from the lungs to the left side of the heart."†

Dr. Richardson's first conclusion from his numerous experiments on resuscitation is in accordance with the views of Hunter, Fothergill, &c. "In restoring animation," he says, "artificial respiration *should always be first resorted to*, in the hope that there may be still some remaining action of the heart."‡

To attempt at once, in suspended animation, to restore the respiration, is, then, the unanimous opinion of the highest authorities on the subject of drowning.

To attempt to renew the circulation in the first place is to act contrary to sound sense and true physiology. But by *first restoring the respiration*, we physiologically, *and in the proper order*, nullify the various evils shown in the above arrangement to be produced by submersion: we cause air to enter the lungs; carbonic acid to be exhaled; oxygen to be received; the expansive motion of the lungs to be resumed—the muscular respiratory action also; the blood to circulate through the lungs, and if it did still circulate, to be circulated in a purer state.

Then as to the heart—The establishment of the respiration unloads its right side of the excess of black blood accumulating there, and causes the left side to receive accessions of blood *gradually purer in quality*.

The system generally becomes more vitalized or gradually decarbonized. The brain and cord gradually resume their functions, consciousness and reflex action returning; a fresh and healthy impulse is given to the whole capillary system, in which "an arrest of blood change" had progressed to a greater or less extent; and by the removal of this stagnation of impure blood, one great (if not the) cause of the loss of animal heat is also removed.

By thus first restoring artificial respiration, we remove the *narcotism* affecting all parts of the system, or, as Sir B. Brodie expresses it "the want of the due oxygenation or decarbonization of the blood, the sole cause of the animal's destruction."§

"Then, in the case of drowning, we should," with Marshall Hall, "administer air first, and warmth in the second place. But may not the warmth administered without air do great and absolute injury?"‖

Who can now imagine the drowned individual—whose every symptom is recognised by John Hunter, Brodie, Marshall Hall, and all other chief writers on the subject, to be traceable to the deprivation of air whilst in the water, and when out of it to the want either of the power to respire or to impure blood from want of air—receiving benefit by the continuous hot bath? No plea can now be urged, unless contrary to all physiology, in favour of the hot bath, save for the warmth that it furnishes; and this warmth can be more rationally applied, when it is required, by other and more handy means.

The experiments previously related, in which I was kindly assisted by Mr. Tomlinson, Mr. Braine, and other gentlemen, showed the "fatal tendency" of the hot bath: how that the lungs of animals drowned in hot water were more congested than of those drowned in cold; how the normal effects of a hot bath were to stimulate cardiac action for the first twenty minutes at least; and the still more important point that, whilst the heat was increasing the cardiac power, it was at the same time acting as a depressor of respiratory action, as shown by the breathing becoming slower, more feeble, and irregular, with occasional deep efforts to give relief.

In reviewing these facts, I have no hesitation in asserting that for an individual with suspended animation from drowning, whose respiration is not yet restored, the speedy employment of the continuous hot bath would be *wrong*, both theo-

* Brodie's Pathology, p. 99.

* Marshall Hall on Drowning, p. 77.

† James Copland's Dictionary of Practical Medicine. Art. Asphyxy (Apnœa).

‡ Lettsomian Lectures, Brit. Med. Journal, March 9th, 1861.

§ Brodie on Death from Drowning (the Pathology), p. 85.

‖ Marshall Hall on Drowning, p. 77.

retically and practically, tending all the more certainly and quickly to cause death—

1st. By increasing the congestion of the lungs;

2nd. By arresting lung action in more ways than one, to be hereafter detailed; and

3rd. By circulating poisonous blood in the system.

In these results I am remarkably confirmed by Dr. Waters, of Liverpool, in his "Researches on Asphxia"—a paper read before the Royal Medical and Chirurgical Society subsequently to the appearance in THE LANCET of the first portion of this article. And these conclusions, of which I hope shortly to show still further proof, are all in accordance with the views of the nature of drowning held by the ablest writers on the subject.

The hot bath, as the Royal Humane Society have used it of late years, for the treatment of drowning, is, then, an error, and a serious one.

(To be continued.)

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla est alia pro certo noscend. via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14, Proœmium.

UNIVERSITY COLLEGE HOSPITAL.

KELOID OCCURRING IN THE CICATRIX OF A BURN; EXTIRPATION; RECOVERY.

(Under the care of Mr. ERICHSEN.)

FROM the resemblance in some way which this disease has to the claws of a crab in the prolongations of the tumour, the name of keloides was given to it by Alibert, after he had abandoned the term cancroid. On reference to various works on the skin, we do not find that the origin of keloid in the cicatrix of a burn is mentioned. Dr. Warren, in his work "On Tumours," objects to the term used by Alibert, because in one kind of this affection, which must be referred to this head, there are no such crab-like processes, and they do not always exist in the others. Under the head of Keloides, Warren places three varieties:—1. A white permanent elevation of the skin. 2. The spider-like pimple of the face. 3. The keloides of Alibert. "The first variety is a rising of the true skin in the form of the cicatrix of a burn. It is a white elevation of the skin, without discoloration, or with a very slightly coloured margin, not sensible nor painful; but differing from the cicatrix of a burn in its disposition to grow, and in the difficulty of eradicating it. No ulceration occurs, nor does it terminate in a malignant disease. *As it resembles the scar of a burn, so it sometimes originates in such a scar.* It is seen to occur in disordered habits, after operations for the removal of small tumours, such as common warts, small encysted tumours," &c. —p. 41. He cites several cases where two or three operations were required in consequence of a return of the disease in the cicatrix afterwards. It is most probable that the fibro plastic growths that have a tendency to spring up on scars, described by Mr. Hawkins under the name of warty tumours of cicatrices, are either examples of keloid, or strongly allied to it. Keloid is most common on the neck, shoulder, and front of the chest, where it spontaneously appears. We have seen two instances wherein it sprung up in the neck in the cicatrix of a burn, the patients in each case being comparatively young. In the first, it occurred in a boy aged thirteen, under Mr. Skey's care, at St. Bartholomew's Hospital; in the second, in a female aged twenty, in University College Hospital, who was submitted to an operation for its removal, under the influence of chloroform, on the 16th of January last, by Mr. Erichsen. She was burnt many years ago in the neck. This healed after awhile, and remained free from inconvenience until about a year ago, when the cicatrix began slowly to enlarge and widen. It was now a quarter of an inch broad, and several inches long, running across the lower part of the front of the neck. After its removal, by carefully dissecting out the entire cicatrix, the edges were brought together by silver sutures, and so adjusted that in the healing a mere linear cicatrix should be left. There was free bleeding during the operation.

In some remarks afterwards, Mr. Erichsen observed that, in this instance, there was a warty cicatrix of the neck, somewhat linear, elevated, smooth, shining, pinkish-brown, and resembling keloid. It occurs, he said, in young women and children, about the throat and anterior parts of the neck. He had not seen it elsewhere. It is often inconvenient from the intense itching, causing the patient constantly to tear and scratch it. In the present instance there was nothing malignant, cancerous, or cancroid developed. It was a fibro-vascular growth, quite different from the contractile cicatrix usually resulting from a burn.

As every part of the keloidal structure was removed, the wound readily healed, with a thin linear cicatrix, and the patient left the hospital recovered.

Another case was a boy, aged thirteen, a patient in St. Bartholomew's Hospital, under Mr. Skey's care, in November, 1859, who then presented a good example of keloid in the cicatrix of a burn. Five years before, he was scalded over the face, ear, and chest, and also at the back of the neck, by the upsetting of a teapot. The scalded parts, which afterwards became the seat of keloid, were slow in healing, and discharged much offensive matter. The tumour was hard, tough, raised, and irregular at its edges, and extended from the ear along the side of the neck to the upper part of the chest. He was under Mr. Gowlland's care at the Islington Dispensary, and subsequently under Mr. Curling at the London Hospital. The latter gentleman removed two isolated portions from the upper part of the mass; the wound healed, but the disease returned in the same spot.

When admitted under Mr. Skey, the tumour had extended more upon the sternum, but in other respects was in the same state as it had been for the last three years. In Oct. 1859, Mr. Skey removed the upper part of the tumour, and a fortnight later a portion lower down. Much hæmorrhage occurred on both occasions. He left the hospital well, but we are not aware whether the disease has recurred.

GUY'S HOSPITAL.

MEDULLARY CANCER OF THE TESTICLE OF REMARKABLY RAPID GROWTH; AMPUTATION; RECOVERY FROM THE OPERATION.

(Under the care of Mr. BRYANT.)

WHEN medullary cancer appears in the testicle, it is usually in children or persons in early adult life. We have recorded several examples in boys, in whom the disease appeared without any assignable cause. At the age of forty and upwards it is very seldom that this form of malignant disease originates spontaneously; we recently, however, witnessed the following example:—

A strong, healthy-looking man, a ship's carpenter by trade, was admitted into Guy's Hospital with very considerable enlargement of the left testicle. He had always enjoyed excellent health up to four months before his admission, when he observed some slight swelling of this organ; it began to increase in size, and in the course of sixteen weeks it had attained the bulk of a newly-born infant's head. It was now coursed over by large veins, and felt semi-solid to the touch, with an indistinct sense of fluctuation in certain parts. Mr. Bryant introduced a trocar and canula into one part of it, which gave exit at first to some blood and then to a small quantity of serum. He believed, before resorting to any operation, that it was possibly sero-cystic disease of the testis.

On the 9th of April, 1861, chloroform was given to the patient. An incision was made over the tumour from above downwards, and it was readily freed from the integuments. A ligature was applied around the spermatic cord and vessels, and they were divided. The parts were then brought together by sutures, after all venous bleeding (which had been free) had ceased.

A section of the tumour showed it to be medullary cancer; in fact, it was one of the most distinct examples of this disease, and contained patches of effused blood in two or three places. During the operation a small cyst filled with serum was found

to be present anteriorly to the tumour, developed in a small portion of the tunica vaginalis. The cancerous disease seemed to have involved the entire testicle, but did not extend upwards to the cord.

The patient went on very well, and made a good recovery from the operation. The ultimate prognosis is, however, of a very grave character.

ST. MARY'S HOSPITAL.

SYPHILITIC ABSCESS ENDING IN FISTULA IN ANO.

(Under the care of Mr. COULSON.)

THE pathology of fistula in ano is a subject of interest, as to which some things still remain to be cleared up. The pupils of Mr. Coulson's class at St. Mary's Hospital have had the opportunity of observing, in the case of a young woman, aged twenty-two, who has been lately in the hospital, the influence of a syphilitic taint in causing the disease. Her history included the facts that two years since she had contracted primary syphilis, for which she was appropriately treated; recovering; and remaining well up to the previous month, when she was seized with vomiting, a febrile condition, and sore-throat. These symptoms lasted for about two days, and were succeeded by the eruption of rose-coloured patches and the occurrence of pains in the limbs. Under the influence of iodide of potassium and blue-pill these symptoms disappeared. About a week before admission she perceived a swelling in the neighbourhood of the anus, causing her pain in the sitting posture; and after a night of great suffering she passed purulent matter on going to stool.

When admitted, the left nates were swollen, and there was a tumour to the left of the anus two inches in length. The bowels acted regularly, but with pain; and there was considerable tenesmus. These symptoms increased, and after a few days, the abscess coming near the skin, Mr. Coulson made an incision, which permitted the escape of fetid pus. Matter continued to escape by the bowel and through the cutaneous wound, and subsequent examination determined the existence of a true fistula of considerable size. This Mr. Coulson divided, after preparatory treatment, and laid the sinus freely open. The wound was dressed with oiled lint, and the patient is doing well.

Here the formation of abscess by the side of the rectum (favoured by the syphilitic diathesis), its ulceration into the bowel, subsequent advance to the skin externally, and the formation of a true sinuous fistula, were observed in a typical sequence.

CHARING-CROSS HOSPITAL.

ACUTE RHEUMATISM RESULTING IN DISORGANIZATION OF THE LEFT WRIST-JOINT.

(Under the care of DR. SALTER.)

DANIEL S ——, aged thirty, single, by occupation a stoker, was admitted January 3rd, 1860, suffering from rheumatic fever. He had always enjoyed good health up to December 7th, when he was attacked with pain and swelling of the wrist-joint of each hand, which left him in a few days. Three weeks afterwards (Dec. 28th) he was seized in the night with pain all over him, shivering, and vomiting. He was seen two days afterwards, when he was suffering from pain and swelling in most of the joints, complaining especially of the left arm.

On admission, he was ordered a mixture of citrate of potass, sesquicarbonate of ammonia, tincture of opium, and compound rhubarb mixture every four hours; cotton wool to the joints, and a compound soap pill every night.

He gradually improved after his admission into the hospital up to January 9th, when he may have been said, as far as his general condition went, to be convalescent; but on that day he was seized with severe pain in the left wrist. In his mixture the ammonio-citrate of iron was ordered to be substituted for the rhubarb mixture thrice a day.

Jan. 11th.—Wrist no better, in fact worse; pain constant; joint immovable without the most severe pain; the hand has become œdematous. Ordered a blister, the size of half a crown, to be applied to the back of the left wrist.

16th.—No better; the patient feels extremely weak; œdema increased; hand quite fixed; gets no sleep at night on account of the pain in the wrist. Ordered compound soap pill every night, and to have a mixture of tincture of the sesquichloride of iron, dilute nitro-muriatic acid, and infusion of quassia; and also two drachms of cod liver oil thrice a day.

17th.—Wrist no better. Another blister.

24th.—Dr. Salter finding that the patient was quite well, with the exception of the left wrist-joint, that his rheumatic condition had entirely passed away, the man eating and drinking and walking about the ward quite well, doing everything well except sleep, on account of the pain in the wrist, considered that there must be some reason why the left wrist did not recover like the other joints—some organic damage in the joint itself, and that the case had ceased to be a medical, and had become a surgical one. He therefore requested that Mr. Canton might see the patient, and express his opinion on him.

26th.—Mr. Canton has seen this patient, and says that the bones of the wrist are affected, that the rheumatic inflammation has organically injured the joint. The patient was therefore placed under Mr. Canton's care.

ST. GEORGE'S HOSPITAL.

ANEURISM OF THE TEMPORAL ARTERY; CURE BY COMPRESSION.

As usually seen, aneurisms of the temporal artery originate in wounds produced by cupping. Mr. Erichsen has met with two cases of the kind, in which the disease was readily cured by laying the tumour open, turning out its contents, and tying the artery on each side of it.

Aneurism will sometimes follow in cases wherein this artery has been opened for the purpose of bloodletting, and injuries to the vessel are known to give rise to it. On the 1st instant we learnt of an instance of the latter in the person of one of the pupils of the above hospital, who was struck in the temple by a stone, which was followed by an aneurism. The treatment pursued, as we were informed, was exceedingly simple; it consisted of the occasional pressure of the proximal end of the vessel with the finger, whilst the subject of it was engaged in his studies, and the result has been the slow consolidation of the sac. This is a most convenient method of cure in this situation, as it obviates the necessity of inflicting a wound for the purpose of tying the vessel on either side of the tumour.

Medical Societies.

NORTH LONDON MEDICAL SOCIETY.

DR. ANDREWS read a paper

ON PUERPERAL CONVULSIONS.

Those gentlemen who are engaged in obstetric and general practice will admit the importance and interest of the above subject, and probably join with me in considering it a most dangerous complication in the lying-in chamber. In the presence of practical men, it would be bad taste to introduce an abstract description of the forms the disease assumes, and I have preferred making some clinical remarks on the cases I have been called upon to treat, with a view of eliciting comments. The first case to which I shall direct your attention is one of puerperal convulsions of an asthenic epileptic character.

CASE I.—Mrs. M——, aged nineteen, the wife of a clerk residing near Euston-square, a small, slight young woman, of an irritable temperament, apparently in a delicate state of health, engaged me to attend her first confinement, which was expected to take place in January, 1857. There was no history of epilepsy in early life, or even hysteria, which might induce one to anticipate any deviation from natural labour. Accordingly the pains commenced on the 3rd of the month stated, and proceeded in a regular manner, making great progress towards the completion of the first stage. I had remained in the room upwards of an hour, the os uteri was perfectly dilated, and the head advancing towards the perinæum, when suddenly there was evidence of disturbance of the functions of the brain, but nothing like aura epileptica had previously been complained of. Her manner was excited, and conversation incoherent; the eyes suddenly became fixed and the pupils dilated; the respiration was sibilant; the countenance became flushed and distorted by spasmodic twitches, and the muscles of the whole body were thrown into a state of convul-

sive action, with violent struggling, while frothy saliva was ejected from the mouth. I placed a mustard poultice to the nape of the neck, and ordered a cold lotion for the forehead. The fit was of short duration, and uterine action was resumed, the fœtal head advancing towards the perinæum. Considering the case to be associated with debility, I avoided bloodletting, hoping the powers of nature would be sufficient to complete delivery without instrumental assistance on the one hand, or unnecessary depletion on the other. The progress of the case was interrupted by another fit, which passed off more quickly than the first, although the patient continued unconscious. After waiting some time, the child was born and the placenta detached without difficulty. I remained in the room another hour, and directed cold lotions to be applied to the head and sinapisms to the calves of the legs; but as the urgent symptoms abated, I then left the house, prescribing a saline mixture with antimony, to be administered when the power of deglutition was restored. The fits, however, returned with great violence, and I requested another opinion during the evening, when it was decided to resort to bloodletting from the arm, in addition to the remedies previously ordered, and fifteen ounces were abstracted. This patient recovered gradually under the influence of tonics, without any peritoneal inflammation, but continued very weak and eccentric in manner during the remainder of her stay in London. I received a letter from the husband some months afterwards, stating his removal from London to Hampshire, when he added that his wife had been liable to epileptic seizures ever since her confinement, and was subject to frequent headache; but I have received no information since.

CASE 2. *Apopletic convulsions occurring during gestation.*—Mrs. C——, a primipara, aged twenty-three, the wife of a tradesman near my own residence, a woman of full habit of body and tendency to corpulency, with rather short neck. She had been living very freely, with meat three times a day, porter, stout, &c., *ad libitum*, as her husband considered it was necessary to eat largely, since she had to nourish both herself and child. The confinement was expected in December, 1857; but on the 13th of November she complained of headache and vertigo, with a sense of weight across the forehead, and other symptoms of a plethoric state of the bloodvessels of the brain. The countenance was flushed; the pulse full and laboured. A convulsive fit then occurred, but the struggling was much less than in the case of the preceding patient, and the distortion of the features less marked. There was total insensibility and stertorous breathing; the pupils dilated and fixed; the face much swollen. Ten grains of calomel were placed on the tongue, and one of the veins of the arm was opened; however, but little blood could be obtained, and ten leeches were applied to the temples, while cold lotions were kept to the head. Relief from these symptoms was not obtained very quickly, and I directed a stimulating enema to be injected to obtain revulsion, while a large blister was placed on the neck. There was no uterine action, and the patient continued in a comatose state until the following morning, when the symptoms abated, and great improvement took place. The bowels acted, and urine was voided freely. The birth of a female child occurred seventeen days afterwards, and the recovery was all that could be desired. I have attended this person during three subsequent confinements, and there has been no fit or other ill result since the above attack.

CASE 3 was one of the apoplectic variety, somewhat resembling the last. Mrs. H——, aged thirty-five, wife of a tradesman, and mother of two children, was suddenly seized with a fit on the afternoon of February 2nd, 1858, and the practitioner engaged to attend her being from home, I was summoned hastily in the emergency. There had been violent convulsive movements, and the attendants were much alarmed by the circumstance. But on my arrival the patient was lying in a state of coma, and perfectly insensible, being also unable to speak; the pupils were dilated; the pulse slow and laboured; the breathing stertorous; the tongue had been bitten during the fit, and it was severely lacerated. Leeches, cold lotions to the head, and counter-irritants were quickly brought into use, and bleeding to the extent of twenty ounces was resorted to on the arrival of the regular medical attendant. A cork was placed in the mouth to guard the tongue in case of further convulsions. A brisk purge was in readiness, to be given as soon as it could be taken. This person became partially sensible during the evening, but continued much confused. The labour came on next day, and was safely concluded, although complaints were made of very severe headache during the remainder of the treatment, which consisted chiefly of antiphlogistic salines, the local application of ice, and attention to diet. This patient made a good recovery, and has not, to my knowledge, had any subsequent illness.

CASE 4.—During the night of January 4th, 1859, a medical gentleman in the neighbourhood was attending Mrs. T——, aged twenty-two, in her first pregnancy, and the labour was advancing to all appearance satisfactorily, when suddenly a convulsive fit ensued, which was quickly followed by a second. Another opinion was requested, and a messenger was dispatched for me. On reaching the house, my friend stated he had been there several hours, and all was apparently going on well until just before the convulsions set in. The patient was partly conscious, but talked incoherently, and the uterine contractions produced but little result. The cause of the fits being obscure, and probably dependent on a condition of the brain produced by nervous sympathy with the uterus, we deemed it advisable to forego active treatment, and wait the result. The pains continued regularly, but they seemed ineffectual, and, at my suggestion, eighteen ounces of blood were drawn. The head now advanced and reached the perinæum, and here it remained until it was decided to apply the forceps and complete the delivery. This operation appeared to remove pressure from the great vessels of the abdomen, and thus favour circulation, and the recovery was a rapid one.

CASE 5 was that of a lady who had been subject to congestion and inflammation of the kidneys on former occasions. Mrs. P——, aged thirty-eight, of spare habit, but rather nervous and anxious temperament, mother of five living children; has miscarried several times. I have attended her for some years, and during the last two abortions, as well as for the disease of the kidneys. The confinement was not expected till June; but being inconvenienced by diarrhœa for a whole fortnight, and otherwise unwell, I was sent for on Sunday, the 14th of April of the present year. On reaching the house, the patient complained of vertigo, a sense of weight over the forehead, and headache, and she had been vomiting very much. The face looked flushed and swollen, and the legs were œdematous; the pulse rapid and feeble. The urine was stated to be thick and muddy; but none was available for examination. There was nothing like uterine action going on, and I prescribed an effervescing mixture, with hydrocyanic acid. During the night she was seized with a fit, and frothy saliva was blown from the mouth. The assistance of a practitioner near at hand was solicited, who placed a powder on the tongue; meanwhile a cab was sent for me to attend immediately. On arriving, I found her rolling about the bed, insensible, and muttering; the breathing slow, but not stertorous; pulse still rapid and irregular. By degrees consciousness was partly restored, and she spoke distinctly, but in a rambling, unconnected manner, and positively refused to swallow. No urine had been voided for several hours, and I introduced the catheter and drew off nearly a quart. There appeared to be pain in the abdomen, as evinced by jactitation, and with some difficulty I examined per vaginam. The os uteri was dilating, and now larger than a half-crown piece. Accordingly I waited the result of an aperient, and the effects of mustard poultices and hot bottles to the feet. Finding the action of the uterus languid, and not much improvement in the head symptoms, I took twelve ounces of blood from the arm. The pains soon became more efficient, and I expedited labour by rupturing the membranes. The case proceeded rapidly, and the birth of a premature living child was completed at nine o'clock A.M., the patient remaining insensible, and so excited and embarrassing to myself that the husband and nurse had to hold her in bed. As this lady had three fits after her accouchement, the hair was cut short, ice applied to the head, and a large blister was placed on the neck, while antiphlogistic measures were otherwise carried out by ordering low diet, the exclusion of light, the exhibition of calomel, salines, antimony, &c. The baby died shortly after birth, and the patient recovered her reason on the second day, until which time she was quite unaware of her dangerous illness. No inflammation of the uterus or its appendages has occurred, and the œdema of the face and legs has subsided, although she complains of headache occasionally, and is debilitated by the recent suffering. There is no mania or even impairment of intellect; but the urine is thick and albuminous.

The symptoms thus hastily related are from memoranda taken on the occurrence of the respective cases. If I have omitted any points of detail which a member may wish to ask about, it will afford me much pleasure to answer any inquiries.

ROYAL COLLEGE OF SURGEONS.—It may be useful to some of our readers to be reminded, that the library of the College will be closed during the month of September.

Reviews and Notices of Books.

The Encyclopædia Britannica. Eighth Edition. Edinburgh: A. and C. Black.

IT is with great satisfaction that we hail the completion of this, the eighth edition of the "Encyclopædia Britannica." Consisting originally of but three moderately-sized volumes, it now numbers twenty-one, and contains about fifteen times as much matter as it did on its first appearance. Contributed in its earlier stages by a few men of not more than average literary qualifications, its list of writers now includes the majority of those who adorn letters and science. So from being a mere compendium of information, adapted chiefly to the wants of the unlearned, it has come to be regarded as a well furnished repository of every species of useful knowledge.

We shall, perhaps, best show the superior value, and claims on the public, of this Encyclopædia, and more particularly of this edition of it, by giving a brief sketch of the rise and progress of kindred works, before speaking of its plan and execution.

Pliny, as far as range and variety of subjects are concerned, seems to have initiated publications of this class. His Natural History, however, does not resemble, in method or arrangement, the collective digests that appeared in the seventeenth century. Anterior to that time the only compilation which exactly meets our modern notions of an encyclopædia was the production of Alfarabius, a Bagdad schoolman of the tenth century. His manuscripts still exist in the library of the Escurial. Alstedius, a Transylvanian, next discussed in alphabetical order several of the questions that occur in experimental and natural philosophy, with jurisprudence, history, and philology. His work, published in 1630, was spoken of in respectful terms by Leibnitz some eighty years after, who at the same time expressed "an earnest wish that a body of learned men would undertake to remodel and improve it." The "Lexicon Technicum" of Dr. Harris, in two folio volumes, then appeared, in 1710. It was practically limited to pure mathematics and physical science, in all the branches of which it fully came up to the acquisitions of the day. It passed through five editions in thirty years. The Dictionaries of Ephraim Chambers and Barrow then followed at short intervals, soon after which D'Alembert and Diderot brought out the Encyclopédie, in seventeen folio volumes. Their plan was defective, in excluding all the popular branches of history and biography, and the excellence of many of their essays was marred by a vague and declamatory style. About this time (1771) the first edition of the "Encyclopædia Britannica" came out. Instead of attempting to elucidate the sciences by a number of separate articles, connected only by references from one technical term to another, each science was treated of completely under its proper denomination, while the technical terms themselves were also explained alphabetically when anything more than a reference to the general treatise was required. It was not, however, until the work reached its third edition, in 1797, that its several treatises attracted any marked share of public approbation. In this edition, of eighteen volumes, it rose greatly above its former level, and was at once recognised as the leading Encyclopædia of the day. From then until the publication of the seventh edition, extending over a space of twelve years, no great change took place in the character of the work. But as by this time the whole of the copyrights had passed into the possession of the present proprietors, these gentlemen determined to write afresh the history of the sciences—a course rendered imperative by the advance made in every kind of knowledge, and the length of time that had elapsed since this portion of the work had been touched. This history was to form two distinct dissertations, each subdivided into parts. The first part was to contain the history of metaphysical, ethical, and political philosophy; the second part that of mathematical and physical science. The one was undertaken by Playfair; the other by Dugald Stewart. The idea of writing on the progress of the human mind in the discovery of truth and the correction of error, as an introduction to a work in which the sciences are examined in detail, was for the first time exemplified in the discourse prefixed by D'Alembert to the Encyclopédie. That discourse, however, was too much condensed to impart to the reader any satisfactory view of the opinions of those "great lights of the world, by whom the torch of science has been successively seized and transmitted." The Scottish discourses were to be written upon a larger scale, and, accordingly, they lay before us, in an instructive way, the advances and failures of human reason, and the progress of science, with correct estimates of the character and bearing of those men who have influenced that progress. Dugald Stewart had originally intended to trace the history of all the principal branches of mental philosophy; but he lived to finish that of metaphysics only. The history of the mathematical and physical sciences, too, was, at Playfair's death, only carried down to the age of Leibnitz and Newton. The discoveries of more than a century were, therefore, to be detailed by other hands. In the mathematical and physical sciences this was excellently done by Sir John Leslie, who succeeded to the academical chair of Playfair, and by James Forbes, the head of the University of St. Andrews. Their united labours brought down the history of natural philosophy to the year 1850. Sir James Mackintosh and the Master of Trinity, Cambridge, concluded the essays on mental philosophy, and in the body of the work large additions were everywhere made.

Encouraged by the success that attended this issue, the publishers in 1852 undertook another edition, the one now before us. The editorial charge of the work was confided to Dr. Stewart Traill, and the work fortunately had the advantages of his supervision till very recently.

The "History of Luther" and the "Tale of the German Reformation" are told us by Chevalier Bunsen. "Metaphysics, or the Relations that subsist between the Subjective Necessities of Things and the Objective Necessities of Thought" are handled by the author of "The Limits of Religious Thought."

Dr. Lankester and Dr. Letheby take Sanitary Science, and point out how "intimately hygienic principles were interwoven with the religious system of the Jews, and how they were superintended and enforced by their priesthood; that the prohibition to eat blood was devised to get rid of the most putrescent portion of the animal; that the restriction under which lepers lived would prevent the spread of modern contagious disorders; and that the precautions extended to the clothes and houses of the infected would, with the modifications our climate renders necessary, check the progress of zymotic diseases." They go on to say that, now that the "Legislature has at length interposed to prevent intramural interment, the folly of individuals persists in enclosing the remains of their relatives in leaden cases (that must burst in the course of a few years from the gases generated), as if they hoped to prevent the return of dust to dust."

The editor shows how necessary a certain amount of legal knowledge is for medical men.

Dr. Allen Thomson sets Mesmerism and Magnetic Somnambulism in their true light. He considers that "all the recorded phenomena of mesmerism which have been sufficiently scrutinized to convince men of their truth and reality can be accounted for on ordinary principles; that sleep, diminished or increased sensibility, loss of voluntary motion, muscular rigidity, and the like, can be produced by persons staring fixedly at objects incapable of giving out nervous, magnetic, or any other influence; that in many instances of magnetic somnambulism the patients were impostors, while in others they were of weak and debilitated temperament; and that the wonders of clairvoyance, prevision, introvision, and retrovision are not properly attested, or else on investigation turn out mere juggling tricks."

Dr. Lindsey Kemp discusses the chemical composition and physiological action of food, the animals and vegetables adapted for it, with the modes of preparing and using them. In one of his sections are some remarks on the diet best calculated to ensure the highest amount of mental and physical excellence in man:—

"A comparison," we are told, "of the structure of the teeth with the conformation of the stomach and intestines shows that man was intended to be omnivorous. Europeans who consume both kinds of food, and supply the loss of carbon by alcoholic drinks, are the best specimens of mankind; whilst the Esquimaux, who live entirely on animal food, are dwarfed in growth and mind. The Bengalese, who take nothing but vegetables, are incapable of great bodily or mental exertion; and the decadence of the Mahommedan races is, in part at least, owing to their abstinence from alcoholic drinks."

In a learned article, Dr. Craigie gives us a complete account of the History and Practice of Surgery. Commencing from the times of Chiron and Æsculapius, he describes the panic felt amongst the Greeks when their best surgeon, Machaon, was wounded; how, even in that remote age, men felt that a leech who could remove the barbed heads of javelins, and allay the pain of wounds by soothing unguents, was worth many warriors. Pythagoras, we are told, founded a regular school for surgery at Crotona; but no great advance was made until the age of Hippocrates. This distinguished philosopher performed most of the operations that we do at the present day. He reduced dislocations, set fractures, cut for calculus, and employed the trepan where necessary. In cases of empyema and hydrothorax, after ascertaining the presence of the fluid in the cavity of the chest by percussion, he incised between the ribs, and, after allowing a portion of the fluid to escape, he placed a tent in the wound, which was withdrawn once a day till the whole was evacuated. One of his modes of counter-irritation was by burning flax on the part, as in the moxa; and he strongly recommends eschars on the back and breast in the earlier stages of pulmonary complaints, thus anticipating the supposed discoveries of a notorious modern. Herophilus and Erasistratus of Egypt were the first who had afforded them opportunities for dissection. Celsus performed lithotomy as it is still done in the case of children, and recommended the application of ligatures to a wounded artery for the purpose of arresting hæmorrhage after the failure of pressure. From his death till the time of Ambroise Paré, no surgeon of very great merit appeared. This Frenchman, however, was so highly esteemed that, on the fearful eve of St. Bartholomew, Charles the Ninth personally exerted himself to procure his escape. After him came Urseina; and then Hunter, who brings us down to the modern school of surgical practice.

A discussion on the modes in use of checking hæmorrhage, on wounds, the resection of joints, and operations generally, follows; and as some of the rules necessary for the dexterous accomplishment of the flap operation are not always sufficiently attended to, we think it as well to quote them. As regards transfixion,—

"After the first flap has been formed, the knife should not be again entered close to the top of the wound, but about an inch below, to avoid cross-cutting of the integument. In sawing, the operator must not trust the distal portion of the limb entirely to an assistant, but, grasping it in his left hand, must himself regulate its support, and so avoid splintering the bone."

In an able article on Chloroform, Professor Simpson describes its physiological effects as follows:—

"After a few inhalations, a feeling of warmth and exhilaration supervenes, radiating from the head towards the extremities. In most persons this is followed by a numbness and thrilling throughout the body, by whining noises in the ears, and brilliant lights before the eyes. After one or two additional inhalations, there is a loss of voluntary motion and of sensation, and at length a complete suspension of consciousness. During this anæsthetic sleep, the relation between the mental condition of the patient and his susceptibility to pain depends partly on the constitution of the individual himself and partly on the amount of the dose administered. When the full dose is given, mental action is not remembered, though it occasionally goes on, and the muscles are perfectly relaxed. Sometimes, before this total relaxation, there is violent spasmodic action, especially if the patient is restrained. The pulse beats with increased rapidity during the first ten exhalations; but when the system is fully brought under the effect of the anæsthetic, it becomes slower than is natural. The respiration gets slower and deeper as the chloroform is being inhaled, and is usually rendered soporose before any great surgical operation is begun. The temperature of the body decreases when the action of the chloroform is long continued."

The means the Professor advises for bringing about recovery when overdoses are given are the following:—

"The removal of everything containing the chloroform from the neighbourhood of the patient, the supine position, and free access of pure air to his face, with the performance of artificial respiration, where necessary, by alternate compression and relaxation of the walls of the chest, the tongue having been pulled forward if it has fallen backwards on the top of the windpipe."

Dr. Humphry once saved a patient, when the peculiar change that precedes the approach of death was actually passing over his countenance, by wheeling the chair in which he was reclining so as to place the soles of his feet close to a large fire.

We have now, as far as the limits assigned us would allow, sketched or noticed a few of the subjects that are most calculated to interest the majority of our readers. Those who desire further information we must refer to the "Encyclopædia" itself, which we now close with many wishes for its success.

ARSENIC SMOKING IN ASTHMA.

To the Editor of The Lancet.

Sir,—If you deem the accompanying case of sufficient interest, may I beg the favour of its publication, as I wish to elicit some opinions from the profession as to the possibility of so large an amount of arsenic being taken into the system with impunity.

A French lady has been subject to spasmodic asthma for twenty-five years, during twenty-one of which she has been frequently bled, had issues and setons, smoked belladonna leaves and stramonium, taken every species and form of medicine, changed her residence to various places in Europe, and all without the slightest benefit.

Four years ago, when at Marseilles, Dr. Cauvin read an account to her of the benefit derived by asthmatics in China from smoking arsenic. Her sufferings were so great that, although Dr. Cauvin fully pointed out to her the risk and danger she incurred, she insisted upon trying it.

She commenced by smoking a quarter of a grain of arsenic three or four times daily in a cigarette, and this she continued to do for about fourteen days, with the greatest benefit to her breathing and general health. She has subsequently much increased the dose, and when she feels an attack of asthma coming on, she does not weigh the arsenic, but takes up what she considers a sufficient dose with a small paper knife. I asked her to-day to give me in a piece of paper the dose she intended smoking, which she did, and on weighing it carefully I found it a little over three grains. I analysed it, and found it to be pure arsenious acid. I must also mention the important fact that she does not inhale the fumes and blow them out again as in ordinary smoking, but when her mouth is full she swallows the smoke.

The only ill effects she has ever experienced is swelling of the eyelids, and, when she first commenced, slight pricking pains in the stomach, but never to any troublesome extent. She considers herself cured. From being in a state of constant breathlessness and suffering, unable to lie down or make the slightest exertion, she is now able to go about like other persons, and is rarely threatened with an attack oftener than once in three or four months, and that is at once checked by smoking arsenic with a very small quantity of belladonna or stramonium in the dose I have mentioned. She now uses, instead of a cigarette, a small red pipe about five inches long.

She tells me that Dr. Cauvin has used arsenic in the same way in many cases of confirmed consumption, and has rarely failed in giving great relief and retarding the disease.

Richmond, Aug. 1861. Frederic G. Julius, M.D.

THE LANCET.

LONDON: SATURDAY, AUGUST 10, 1861.

THE British Medical Association recently held its twenty-ninth annual gathering at Canterbury. About 100 gentlemen represented in person the 2150 members of whom the Association now consists. The programme of the Association embraces, as most of our readers no doubt know, the discussion of matters purely scientific, and of others purely political. The machinery for discussion and for giving effect to their opinions consists in the maintenance of a journal which consumes almost the entire income; in the support of branch associations, which hold local meetings; and in an annual general meeting. On this there is grafted a Benevolent Fund for the relief of distressed members of the profession. Concerning the utility of such an Association all will, we think, agree; and although experience of considerable duration and serious reverses have sufficiently proved the difficulty, if not impossibility, of a joint-stock body maintaining a journal at once liberal and impartial in conduct and efficient as a means of advancing science, we are not disposed to quarrel with the Association about the mode which they may think best for getting rid of their funds. Certainly, in one sense, there may be said to be a necessity for the journal. Communications there find reception which must be inexorably rejected by journals that are addressed to the profession and public at large, and not to a section of it. This seems to be felt by a certain proportion—we are bound to conclude by a majority—of the members, who find it convenient to support an organ of their own, for the special deposit of their ideas upon matters professional and scientific, and for their special reading.

The following is the *compte rendu* of the scientific business transacted at Canterbury:—Papers were read "On Cardiac Apnœa," by B. W. RICHARDSON, M.D.; "On the Meteorology of Canterbury in relation to its Vital Phenomena," by GEORGE RIGDEN, Esq.; "On Club-Practice," by A. B. STEELE, Esq.; "On a Case in which a piece of Ivory was removed from the Bladder," by E. LUND, Esq.; "On Vesico-Vaginal Fistulæ," by I. B. BROWN, Esq.; "On a New Form of Spirometer," by T. LEWIS, M.D.; "Remarks on Amputation," by W. WEBBER, Esq.; "On Bleedings from the Ears in Whooping-Cough," and "On Diseases and Injuries of the Hyoid Bone," by G. D. GIBB, M.D. Addresses in Medicine and Surgery were also delivered by Dr. MARKHAM and Mr. G. H. HOFFMAN.

The Report of the Council set forth the financial state of the Association. The "*Journal* expenses" absorbed £2416 18*s.* 6*d.*; the more modest sum of £176 19*s.* 7*d.* was required for the "executive expenses."

Not much have the Council to report in the way of progress in medical politics. Much, indeed, had been referred to them to consider; but circumstances could not be compelled. We remember, for instance, that the famous remonstrance, signed by almost every man of mark in London and the provinces, against the special-hospital nuisance, was not received with entire submission by certain specialists who happened to be in force at the meeting of 1860. A committee was then appointed, charged with the duty of throwing an altogether new light upon the matter. The abuses of the good old general hospitals were to be shown up as the real fountain of all the grievances of the profession, special hospitals being the natural remedy to be applied. But this reforming committee does not even make a report. Instead of this, a *viva voce* discussion is got up. The speeches amply show why there was no report. The specialists feel themselves thoroughly worsted. They could not so much as beat up an argument that would make a resolution, modifying the unanimous sentence of the profession as expressed in the remonstrance, look respectable. The thing has ended as we anticipated. Two singular confessions were made. One speaker said "there was a practice observed in all special "hospitals which was absolutely ruinous to the profession; "special hospitals received a number of patients as well able "to pay for the attendance of a medical man at their own "homes as those present were able to pay their butchers' and "bakers' bills. In the case of the Orthopædic Hospital, the "patients drove up to it, one might almost say, in their own "carriages; no inquiry was made into their condition of life." The other admission was that the scheme of receiving small payments from some of the patients at special hospitals—a scheme professedly devised with the view of lessening the abuse of charity—had failed. This notion of turning charitable institutions into a spurious kind of sick-club we have always denounced. It would magnify twofold the abuses that now exist, and which baffle the best efforts of the managers of hospitals to counteract. Whatever a man pays for—no matter how inadequate the payment,—he will claim as a right; whilst the pretence of charity offered by the institution, and the interest of the independent and cheated practitioner, will be alike repudiated. The truth is, that the principle of special hospitals is so radically vicious that they can, for the most part, only be got up by false appeals, and supported by tricks derogatory to the profession and injurious to the public. Upon this point the decision of the profession has been emphatically uttered, and it is only amongst the "benevolent public" that the enterprises of good Samaritans can meet with favour.

Another discussion was raised upon the subject of holding consultations with homœopaths. A general sentiment of condemnation against the practice of meeting persons who cannot on any principle of common sense be regarded as medical men was expressed. The meeting reaffirmed resolutions adopted in 1851 and 1852, in which the opinions of the Association were distinctly announced. One of these resolutions declared "that "there are three classes of practitioners who ought not to be "members of this Association—namely, real homœopathic "practitioners; those who practise homœopathy in combina-"tion with other systems of treatment; and those who, under "various pretences, meet in consultation or hold professional "intercourse with those who practise homœopathy." We think that the Association have a perfect right to pass such a resolution, and to act upon it. The plea of persecution is utterly inconsistent. If there be any difference in the cases of meeting a homœopath or a vulgar bone-setter, the preference is due to the latter. This one abuses the legitimate practitioner roundly, but does not at the same time defile our body by flaunting diplomas from our Colleges before the public. But the conduct of the homœopathic fraternity is the consummation of duplicity and impudence. They either wear diplomas which could not have been obtained had they had the honesty to

avow their creed at the time of examination; or, having subsequently adopted that creed or delusion, they have not the honesty to throw up diplomas which give the lie to the fallacies they have embraced. With his accustomed clearness and force Sir BENJAMIN BRODIE has rightly put the whole question. "I do not think," says our great Surgeon, "that "any well-educated medical practitioner can honestly meet "one of these homœopaths in consultation. The only object "of a consultation is to do good to the patient; and it is out "of the question to suppose that any interchange of ideas with "one in whose professed opinions we have not the smallest "faith, and whose notions indeed we cannot comprehend, can "tend to this result."

The next meeting of the Association is fixed to be held in London in 1862, the year of the second Great Exhibition, and under the presidency of Dr. BURROWS. The Association may be congratulated upon a happy selection of place and man.

SOME short time back we referred to the "Memorandum," issued by the Army Medical Department, relative to the examination the assistant-surgeons of her Majesty's Army are required to undergo before they can be promoted to the rank of surgeon. This examination is in accordance with the Royal Warrant of the 1st of October, 1858, and will, except in special cases, take place only once a year. We observed at the time, that however unpalatable the official reminder might be, it was a wholesome one; and called attention to a necessary and important regulation which had been made both for the advantage of the surgeon and the benefit of the service. We advised, therefore, the junior medical officers of five years' standing to prepare by times for their trials rather than to waste their energies in complaints, which we knew must turn out only useless reclamations. It was our duty to urge this the more forcibly upon the attention of the gentlemen in question because it had become the law of their department that those assistant-surgeons who might defer their examinations would be passed over, and would not, when eventually promoted, retain their position should the requirements of the service render the advancement of their juniors (who had been found qualified) necessary.

The receipt of a recent number of our Indian contemporary* enables us to perceive the antagonistic feelings with which the "Memorandum" in question is received by our professional brethren serving in India. They assert that officers entering the army five years since did so under a tacit contract that they should receive their promotion by seniority when their turn arrived. If, therefore, Government now insists upon stopping that promotion unless they pass another examination, it is, they affirm, virtually a breach of faith on the part of those in power. The case is the more severe upon such as have been many years abroad, where they must have forgotten much that they once knew of chemistry, botany, &c., branches that are seldom brought into play, except under limited conditions, by the practitioner who treats thousands of cases of disease with the greatest judgment and ability, but familiar to the student who has learnt more from books than from men. Our own opinion is that the assistant-surgeons may rest quite satisfied that the examinations of Messrs. PARKES, BUSK, and PAGET will be of such a character as to test the practical, rather than the theoretical, knowledge of the candidates. The examinations which the latter have already gone through may be legitimately supposed to have included all necessary inquiries into their chemical, botanical, and anatomical knowledge. The ordeal for the full surgeoncy will no doubt be adapted for those who have now more of practice and less of school.

There are other grievances also of the Indian Medical Service which are being canvassed in the East. The medical officers have been publicly called upon, "in the event of the amalgamation of the medical services not being satisfactory," to communicate their grievances clearly and distinctly under separate heads. The latter to embrace the question of relative rank, pay and allowance, retiring pensions, proportion of surgeons to assistant surgeons, &c.; so that a respectful yet regularly organized complaint of the grievances may be set forth, which will be more likely to effect their removal than any amount of statements from single individuals. Let there emanate a calm but well-organized expostulation from the whole body of army surgeons in the East, and it *must* receive attention from the General Department at home.

We find it rumoured that the Civil Finance Commission had recommended the abolition of the Medical College of Bengal upon the score of expensiveness, and the presumed want of gratitude on the part of the native community for the benefit derived from it. The recommendation in question is strongly opposed by a large class, which regards the Medical Colleges of India as of real advantage, not only upon the score of humane benevolence, but as levers of civilization and enlightenment. The Medical College of Bengal is one of those few institutions established by us in India that have an imperial policy impressed upon the effects they disseminate. The College has not served simply as a nursery for compounders for the army, or for trained medical practitioners to apply the benefits of the healing art amidst the natives of the East. It has, in the opinion of those well qualified to judge, been the greatest element of instruction yet introduced into the Indian Empire. This is something for Medicine, in its civilizing and intellectual phases, to be well proud of. It is not unlikely there are those who may think we are stretching the humanizing influences of medical education in the East beyond their demonstrable effects. To such we recommend the consideration of the following extract taken by us from a late number of the Indian newspaper, *Phœnix*:—

"The Hindoos possessed metaphysics and a literature as subtle and refined as any we could give them; they possessed likewise the rudiments of mathematics. Yet with all their metaphysics, literature, and mathematics, they grovelled, and still grovel, in moral and spiritual darkness. But our medical science imparts a new light to the Hindoo intellect, under the guidance of which its progress towards truth in nature and positive philosophy, and the acquisition of the processes for arriving at that truth, is gigantic. Our passed medical students are the foremost reformers amongst their countrymen, not indeed with the talk and pretension of your Hindoo College boy, to argue and mystify himself into a moral nonentity, but the steady induction of a love for hard, practical reasoning, founded on material facts and the logic of experience, than which nothing can be a better corrective to the abstruse, captious, subtilizing propensity of the native mind. The stern reduction of every theory to the test of observation and experiment is a training, the effect of which on such a mind may be conceived, and the activity of a mind so trained, when brought into contact with the realities of Hindoo life and society."

* The Indian Lancet, June 1st, 1861.

There is sound reasoning in this; and we are, therefore, disposed to plead for the preservation of the Indian Medical Colleges. To abandon the Bengal institution now, with the faintest hope of ever restoring it, would be a great blow to the cause of genuine education in India, as well as a delusion.

THE death of Lord HERBERT deserves a note of record in a medical journal. His period of office in the War Department was marked throughout by greater zeal and intelligence in the application of sanitary science to the preservation of the health of our troops than had ever before been known. He appreciated especially the importance of securing an efficient medical staff, and spared no pains in improving the standard of the Army Medical Service. Taught by the sad experiences of the Crimea—by lessons which would have fallen unheeded upon less able and less conscientious Ministers, Lord HERBERT has never ceased to pursue resolutely the amelioration of the medical administration of the army. Under him the Army Medical School at Fort Pitt was established—an institution which has thoroughly succeeded, and which will certainly conduce, more than any step hitherto taken, to secure the health of our troops abroad, and thus to contribute to the efficiency of our armies. We believe, that notwithstanding some diminution of Lord HERBERT'S popularity, occasioned by the recent Army Medical Warrant, the news of his death has spread an universal feeling of regret throughout the Service; so great, indeed, that it is contemplated by many leading army surgeons to mark the era of his administration by erecting some memorial to him. Lord HERBERT'S official career may be said to have been emphatically the epoch of sanitary improvement; at no previous time had medical science ever been so much esteemed. The loss of one so earnest, and bent upon a policy so useful, must be severely felt. Lord HERBERT died of Bright's disease, having survived his return to England only a few days.

Medical Annotations.

"Ne quid nimis."

POISONING NO CRIME.

Two further cases must be mentioned this week of so-called "accidental poisoning," simultaneously revealed. They must be added to the many scores which we have chronicled of late. They are perfectly typical, and exactly indicate the kind of negligence in which such accidents originate. The particulars of the one case reach us from Bideford. A lady, on a visit to Mrs. Wilcocks of that place, was suffering from relaxation, and by the advice of her friend sent to Mr. Griffiths, chemist, for three pennyworth of tincture of rhubarb, and three drops of laudanum. She received a draught in return, from the effects of which she very soon died, with all the symptoms of narcotic poisoning. Energetic measures were taken to neutralize the effects of the poison, but the patient died a victim to the negligence of the chemist, who had sent an overdose of laudanum, or, in other words, in the terms of the evidence, appears to have substituted laudanum for tincture of rhubarb. Now, if this mistake were made in this case for the first time, if it were a piece of carelessness never before heard of, it might not call for more than painful regret, and anxious inquiry into means for prevention. But we have lately referred to the very same kind of accident with the identical tinctures of rhubarb and opium as having occurred several times recently. It was the cause of a death at Reading and at Richmond; it was the cause of the death of the Hon. Mrs. Anson; and of the almost fatal illness of Mrs. Peel. Moreover, we have placed forcibly before the medical profession and the dispensing druggists the necessity for storing energetic poisons in the narrow-necked safety bottles introduced by Savory and Moore, and successfully employed in the Army Medical Service and in large dispensing establishments for this purpose. With this simple, cheap, and easy precaution these accidents would have been impossible. The necessity for using these means does not appear to have been represented to the jury, or we cannot doubt but that they would have appended a rider to their verdict, and they might possibly have changed its general tenor in a manner not satisfactory to Mr. Griffiths. For our own part, we hold that in any case where, for the future, a chemist, having neglected this simple precaution, should by his negligence injure or kill a fellow-creature, he should be convicted of manslaughter, or mulcted in damages according to the degree of injury inflicted.

In the second case we have a repetition of another phase of "accidental poisoning," due to a parallel piece of negligence on the part of the dispensing chemist.

"Mr. Vaughan, a gentleman occupying a most respectable position in life, who had been living at Dollar for the last eight or nine years, whither he had come for the benefit of his children's education, awoke at an early hour in the morning, and finding himself unwell, he got out of bed for the purpose of taking an emetic. Proceeding to a cupboard where some medicine phials stood, he took down one which he believed to contain antimonial wine, and took a dose from it. He had not long taken it when he became alarmingly ill, and, fearing that he might have made a mistake, he examined and found that, instead of emetic wine, he had taken a poisonous dose of tincture of aconite, or monkshood, which stood in a phial beside the other, and which he had been using as an external application for rheumatism. Having communicated the sad intelligence to his family, medical aid was immediately sent for, but, melancholy to relate, the deadly poison had already taken such effect upon his system, that by the time the doctor had arrived recovery was not to be looked for, and he died ten minutes afterwards."

Within the last year we have recorded upwards of twenty fatal accidents, which had occurred of late years under similar circumstances. We have energetically called upon dispensing chemists to adopt the narrow-necked square bottles for all poisons and liniments. The use of this simple precaution, since we urged its general adoption, would by this time have saved many lives. Any chemist who fails to comply, and whose patient dies in consequence of his negligence, is, in our view, guilty of manslaughter; and when the knowledge of the easy precautions, thus culpably omitted, becomes extended to the general public, as we trust it may, he will not escape conviction. Meantime the public and the profession are justified in demanding in every instance that this safeguard should be adopted.

A REPORTED MILITARY OUTRAGE.

AN instance of brutal flogging of a soldier is reported by the local papers at Andover, with attendant circumstances which should not escape attention. The victim, Private Moore, 3rd Rifle Brigade, had deserted three years since, and was lately delivered up by a sister-in-law, and sentenced to fifty lashes. The sentence was put into execution. "At the fifth lash," says the *Andover Times*, "he fell as in a swoon. The medical man lifted the man's eyelash, ordered him water, and then to proceed with the punishment. This was done, and the remainder was administered while in a state of insensibility, ceasing only at the forty-ninth stroke, when the 'cat' broke, and the wretched sufferer was carried off to the military hospital, from which, if he emerges alive, it will be with such a mutilated frame that he may be said to be no longer a man."

This report may be exaggerated; but it is detailed, and

bears some indications of accuracy. If these statements be true, they record an act of atrocious and infamous ferocity. To lacerate and mangle the body of an insensible man is not to punish in any human or Christian sense. It is not to appeal to his moral feelings, to his mind or his senses. It can produce no effect upon his conduct; it can have none of the uses which "punishment" is intended to fulfil. It is a cruel and senseless outrage, which must reflect dishonour upon all who in any way authorized or abetted it. Nor is the danger less than the cruelty. That horrible and perilous instrument of torture, the "cat," has a weight and momentum which makes it capable of inflicting the most deadly injuries. It is doubtful whether any ever escape serious permanent injury to the constitution from the shock and destructive force of blows so terrible, inflicted in the vicinity of the great organs of life: the lungs, the heart, the cardiac and sympathetic ganglia of nerves, and the spinal cord. It is certain that thus to maltreat a man, insensible, and when nervous energy is prostrate by shock, is to incur a great danger, as well as to inflict a gross outrage upon common humanity. We hope that further light may be thrown upon this matter.

COLLEGE OF DENTISTS.

THE letter which we publish from the pen of Mr. Waite on behalf of the College of Dentists in no way controverts our statements or modifies our opinions. Through our columns he told the medical profession that "we (the College of Dentists) are in every particular constituted like many other Colleges," naming as examples two corporate bodies. If this statement means anything, it means that in constitution there is strict similarity, and conveys to the reader a distinct impression that the College of Dentists is acting under recognised authority equal to that possessed by the Colleges cited. The excuse that it is universally known that the College of Dentists does not possess a Charter—in other words, that it assumes the power of a corporate body without constituted authority—could not be pardoned even if dentists only were addressed; but in an appeal to the medical profession, the members of which know little of the College of Dentists, the implied statement that this latter, an indifferently supported private society, is a constituted authority, a chartered body, admits of no justification. That our quotations of dental advertisements were limited to four examples arose from want of further space. We will now add the names of other members of the College of Dentists who use advertisements, annexing the dates of their election:—G. W. Bellaby, Nottingham, elected in 1857; H. R. Brooks, Banbury, 1857; E. Dagnall, Battersea, 1856; A. Fothergill, Darlington, 1856; W. Fothergill, Darlington, 1856; H. J. Garnett, Sheffield, 1857; T. G. Hayman, Bristol, 1856; S. A. Hayman, Bristol, 1856; W. H. Howlden, York, 1857; A. Jones, Cambridge, 1857; S. Little, Bristol, 1856; J. D. Morrison, Edinburgh, 1857; B. L. Mosely, Hull, 1858; S. Mosely, Hull, 1856; G. Mosely, Sheffield, 1857; E. Neep, Norwich, 1856; D. T. Nightingale, Newcastle, 1859; T. Penny, Lincoln, 1859; T. Robertson, Bath, 1856; F. A. Sayles, Lincoln, 1857; F. J. Sims, Birmingham, 1857; H. L. Spencer, Orchard-street, 1856; C. Stoddart, London, 1856; W. R. Tuck, Cramborne, 1857; W. F. Vernon, Edinburgh, 1857; G. Wayling, Bury St. Edmunds, 1856; G. Weaver, London, 1857; E. Williams, Malvern, 1857; B. Wilkins, Northampton, 1859; T. D. Wotton, Truro, 1857; W. R. Wood, Brighton, 1856.

We will further add the following advertisement, and a copy of a letter from the Director-General of the Army Medical Department, published in the *British Journal of Dental Science*:

"Mr. Cox Smith, Member of the College of Dentists; Dentist by appointment to the Military Hospital, Fort Pitt, Chatham; to the Rochester, Chatham, and Strood Dispensary; to the Kent County Ophthalmic Hospital, Maidstone, may be consulted at his residence, at 7, Brewer-street, Maidstone, on Tuesdays, Thursdays, and Saturdays; and at his late residence, at Halmond-place, Chatham, on Mondays, Wednesdays, and Fridays, from ten to five o'clock."—*South-Eastern Gazette*, Maidstone, July 23rd, 1861.

"Army Medical Department, 11th July, 1861.

"SIR,—In acknowledging the receipt of your letter of the 6th instant, I have the honour to inform you that no dental appointment has been made to Fort Pitt, or any other military hospital; but the principal medical officer at Chatham has been informed that he is at liberty to request the service of a gentleman residing at Chatham in any case that he may think necessary.

"I have the honour to be, Sir,

"Your most obedient, humble servant,

"J. GIBSON, Director-General."

The list of members published in the "Transactions" of the College of Dentists during the present year contains 135 names. Appended to this list we have the names of thirty-two associates who are dentists' apprentices, pupils, or artizans. They are not dentists in practice, and cannot be regarded as members of the College; yet Mr. Waite would have us believe, in the absence of any distinctive appellatives on his part, that our selection of advertisers was made from 167 members. We do not see what advantage Mr. Waite proposes to gain by stating that the College he represents is unacquainted with the habits of its members, or, after several years of office, by casting blame upon his predecessors for their treatment of a question with which he is himself perfectly competent to deal. The plea of ignorance and the use of recrimination comes very badly from men who leave no stone unturned to maintain an equivocal position. We regard dental surgery, now affiliated to the medical profession, as an important branch of surgery, which, in a public point of view, commands our attention; and the opinions we have from time to time expressed depend upon perfectly authentic information, obtained from unquestionable sources. We have but one object in view, and that is to see the dental surgeon properly educated, and placed in a high professional position; and the evidence before us forces the conviction that the College of Dentists, while answering no useful purpose, tends, by its palpable encouragement of unprofessional practices, to retard the fulfilment of these very desirable results.

We are weary of the unmeaning twaddle constantly reiterated by the College of Dentists, and introduced in each of Mr. Waite's letters, about the interests and good feelings of the medical profession. The profession is quite competent to protect its own interests, and needs not the intervention of the College of Dentists. The boasted support of medical practitioners, gained at the cost of candour by the publication of a notoriously one-sided statement, adds nothing to the credit or the strength of the College of Dentists, and we would recommend Mr. Waite in his future efforts to leave this part of the tale untold.

AN ACCESSORY TO A SUICIDE.

IF it be criminal to kill and to injure, is it legally innocent conduct to stand by and refuse to interpose to prevent death? If it be murder to put a fellow-creature into a river and hold his head under water, is it legally permissible to stand by and see him drown when by stretching out a hand to him he might be rescued? This is the kind of question suggested by the facts related in evidence at an inquest held this week on the body of one Charles Williams, an eatinghouse-keeper, at Princess-street, Portman-market, who swallowed a quantity of arsenic with the knowledge of his wife, and with the view of committing suicide. During some twenty-four hours he exhibited all the alarming symptoms of arsenical poisoning; and notwithstanding she appeared to have ample proof of his having swallowed a dose of this poisonous mineral, she procured no medical attendance until nearly thirty hours afterwards—just as he was dying. The verdict of the jury was, "That the deceased came by his death by the taking of arsenic when in a state of mind unknown. We (the jurors) also consider that had his wife used proper means his life might pro-

bably have been saved." She was, therefore, an accessory to his death by suicide. It seems to us an anomalous state of the law which does not recognise this as an offence.

LUNATIC PAUPERS.

A MAN was brought before the magistrate of the Thames Police Court on Tuesday charged with revolting assaults upon female children. He seemed to be a source of terror to the neighbourhood. It was proved that he was of unsound mind, and had been so for a long while. He had been an inmate of the workhouse for some time, but was allowed to go out alone on Monday afternoon, and strayed to Bow-common. He was, in fact, as the magistrate observed, a dangerous lunatic, not responsible for his acts; and if allowed to leave the workhouse again, he might commit some fearful crime. We regret to say that Mr. Woolrych discharged the prisoner and sent him back to the workhouse.

It has been shown but too forcibly by the Commissioners of Lunacy that workhouses are unfit places for the reception of lunatics. The indecencies, the neglect, the filth, the general inefficiency of their treatment, are scandalous matters of notoriety, where the wishes of the Commissioners—for power they have none—to cause the removal of the paupers to county asylums have not been carried into effect. The permitting this dangerous lunatic to wander about alone was an instance of the ignorance and neglect of the authorities of the Ratcliff Workhouse in the treatment of lunatic inmates. It is to be regretted that as, by his act, this unfortunate person had passed into the rank of criminal lunatics, Mr. Woolrych did not deal with him as such. No lunatic should be permitted to remain in a workhouse. They nearly always become confirmed and incurable; and the earlier they are removed, the greater their chance of recovery.

THE

ANALYTICAL SANITARY COMMISSION.

RECORDS OF THE RESULTS OF

MICROSCOPICAL AND CHEMICAL ANALYSES

OF THE

SOLIDS AND FLUIDS

CONSUMED BY ALL CLASSES OF THE PUBLIC.

TEA,

AND ITS

ADULTERATIONS.

THE statement has recently been made, and that on scientific authority, in one of our learned Societies, to the effect that tea, as now supplied to the public, is greatly adulterated. The accompanying results of the examination of various teas, both black and green, will serve to show to what extent, and in what respect, the statement above noticed is correct.

Some time back the notion was very generally entertained, that leaves from British hedge-plants were frequently made to do duty for tea. In the Report of the Commission published in 1851, this belief was proved to be without foundation, although, some half century ago, the practice of adulterating tea with leaves of native growth was, no doubt, common. If, therefore, leaves other than those of the tea plant are ever contained in tea, they will usually be found to be those of plants or shrubs growing in China. The evidence about to be produced will show whether the Chinese do now commonly adulterate the teas intended for the English market in this manner.

In passing through the streets, one cannot fail to notice the number of placards which meet the eye respecting *uncoloured* green tea. These placards refer to the fact, that nearly all the green tea imported into this country is artificially painted or coloured. Some years since, certainly, but little of this description of tea was to be met with that was not thus coloured. From the analyses we are now about to give, we shall learn whether this practice is as frequent now as formerly.

Lastly, very many of the samples of black and green gunpowder tea reported upon in 1851 were found to be adulterated with an article manufactured by the Chinese, consisting of little masses, made up in imitation of those of tea, and consisting of the dust of the tea-leaf or leaves of other trees, painted and faced in the same manner as the generality of Chinese green teas, this article being very appropriately denominated "LIE TEA." We shall shortly ascertain whether such an article is still fabricated by the Chinese.

RESULTS OF THE MICROSCOPICAL AND CHEMICAL EXAMINATION OF VARIOUS SAMPLES OF TEA, BLACK AND GREEN, PURCHASED IN THE METROPOLIS.

BLACK TEA.

1st Sample.

Purchased at the establishment of—Messrs. Sidney and Co., 8, Ludgate-hill.
GENUINE.

2nd Sample.

Purchased at the establishment of—Messrs. Dakin and Co., 1, St. Paul's-churchyard.
GENUINE.

3rd Sample.

Purchased at the establishment of—Messrs. Ridgway and Co., 4 and 5, King William-street.
GENUINE.

4th Sample.

Purchased at the establishment of—Messrs. Phillips and Co., 8, King William-street.
GENUINE.

5th Sample.

Purchased at the establishment of—Messrs. Petty, Wood, and Co., 13, King William-street.
GENUINE.

6th Sample.

Purchased at the shop of—Mr. F. W. Strugnell, 109, Edgware-road.
GENUINE.

7th Sample.

Purchased at the shop of—Messrs. Bodley and Co., 160, Edgware-road.
GENUINE.

8th Sample.

Purchased at the shop of—Mr. N. Hall, 135, Edgware-road.
GENUINE.

9th Sample.

Purchased at the shop of—Mr. T. Horne, 124, Edgware-road.
GENUINE.

10th Sample.

Purchased at the shop of—Messrs. Angwin and Co., 147, Edgware-road.
GENUINE.

11th Sample.

Purchased at the shop of—Messrs. Partridge and Co., 156, Edgware-road.
GENUINE.

12th Sample.

Purchased at the shop of—Mr. H. Beckett, 2, Newcastle-place, Edgware-road.
GENUINE.

13th Sample.

Purchased at—The British Co-operative Stores, 51, Seymour-place.
GENUINE.

14th Sample.

Purchased at the shop of—Messrs. Chew and Co., 25, Crawford-street.
GENUINE.

15*th Sample.*

Purchased at the shop of—Messrs. Brisley and Co., 74, Crawford-street.
GENUINE.

16*th Sample.*

Purchased at—The Pioneer Co-operative Stores, 98, Crawford-street.
GENUINE.

17*th Sample.*

Purchased at the shop of—Messrs. Phillips and Co., 57, Crawford-street.
GENUINE.

18*th Sample.*

Purchased at the shop of—Messrs. Clark and Co., 52, Crawford-street.
GENUINE.

19*th Sample.*

Purchased at the shop of—Mr. Wade, 97, Crawford-street.
GENUINE.

20*th Sample.*

Purchased at the shop of—Messrs. James and Co., 76, Crawford-street.
GENUINE.

21*st Sample.*

Purchased at the shop of—Mr. Palmer, 48, Crawford-street.
GENUINE.

ORANGE PEKOE.

22*nd Sample.*

Purchased at the shop of—Mr. A. Gain, 131, Edgware-road.
GENUINE.

23*rd Sample.*

Purchased at—The East India Tea Warehouse, 87, Edgware-road.
GENUINE.

24*th Sample.*

Purchased at the shop of—Mr. T. Edmunds, 49, Seymour-place.
GENUINE.

GREEN TEA.

25*th Sample.*

Purchased at the establishment of—Messrs. Murray and Dean, (late Messrs. Sidney and Co.,) 8, Ludgate-hill.
Leaves coated or faced with *ferrocyanide of iron* or *Prussian blue*, and *Kaolin* or *China clay*.

26*th Sample.*

Purchased at the establishment of—Messrs. Dakin and Co., 1, St. Paul's-churchard.
Leaves faced with *Prussian blue* and *China clay*.

27*th Sample.*

Purchased at the establishment of—Messrs. Ridgway and Co., 4 and 5, King William-street.
Leaves faced with *Prussian blue* and *China clay*.

28*th Sample.*

Purchased at the establishment of—Messrs. Phillips and Co., 8, King William-street.
Leaves faced with *Prussian blue*, *indigo*, and *China clay*.

29*th Sample.*

Purchased at the establishment of—Messrs. Petty, Wood, and Co., 13, King William-street.
Leaves faced with *Prussian blue* and *China clay*.

30*th Sample.*

Purchased at the shop of—Mr. W. F. Strugnell, 109, Edgware-road.
Leaves faced with *Prussian blue* and *China clay*.

31*st Sample.*

Purchased at the shop of—Messrs. Bodley and Co., 160, Edgware-road.
Leaves faced with *Prussian blue* and *China clay*.

32*nd Sample.*

Purchased at the shop of—Mr. N. Hall, 135, Edgware-road.
Leaves painted with *Prussian blue* and *China clay*.

33*rd Sample.*

Purchased at the shop of—Mr. T. Horne, 124, Edgware-road.
Leaves faced with *Prussian blue* and *China clay*.

34*th Sample.*

Purchased at the shop of—Messrs. Angwin and Co., 147, Edgware road.
Contains a small quantity of *indigo*, a few pieces of *Prussian blue*, and the usual *white powder*.

35*th Sample.*

Purchased at the shop of—Messrs. Partridge and Co., 156, Edgware-road.
Leaves coated with *Prussian blue* and *China clay*.

36*th Sample.*

Purchased at the shop of—Mr. H. Beckett, 2, Newcastle-place, Edgware-road.
Leaves coated with *Prussian blue* and *China clay*.

37*th Sample.*

Purchased at the shop of—Mr. A. Gain, 131, Edgware-road.
Contains *indigo*, and the usual *white powder*.

38*th Sample.*

Purchased at—The East India Tea Warehouse, 87, Edgware-road.
Contains *indigo*, a little *Prussian blue* and *China clay*.

39*th Sample.*

Purchased at the shop of—Mr. T. Edmunds, 49, Seymour-place.
Leaves painted with *Prussian blue* and *China clay*.

40*th Sample.*

Purchased at—The British Co-operative Stores, 51, Seymour-place.
Leaves faced with *Prussian blue*, *turmeric*, and *China clay*.

41*st Sample.*

Purchased at the shop of—Messrs. Chew and Co., 25, Crawford-street.
Leaves faced with *Prussian blue*, a *little turmeric*, and *China clay*.

42*nd Sample.*

Purchased at the shop of—Messrs. Brisley and Co., 74, Crawford-street.
Leaves coated with *Prussian blue* and the *usual white powder*.

43*rd Sample.*

Purchased at—The Pioneer Co-operative Store, 98, Crawford-street.
Leaves coated with *Prussian blue* and the *usual white powder*.

44*th Sample.*

Purchased at the shop of—Messrs. Phillips and Co., 57, Crawford-street.
Leaves coated with *Prussian blue* and *China clay*.

45*th Sample.*

Purchased at the shop of—Messrs. Clark and Co., 52, Crawford-street.
Leaves coated with *Prussian blue* and *China clay*.

46*th Sample.*

Purchased at the shop of—Mr. Wade, 97, Crawford-street.
Leaves coated with *Prussian blue*, *turmeric*, and *China clay*; the sample also contains a small quantity of LIE TEA.

47*th Sample.*

Purchased at the shop of—Messrs. James and Co., 76, Crawford-street.
Leaves coated with *Prussian blue* and the *usual white powder*; the sample also contains LIE TEA, the masses differing from ordinary lie tea, however, in the absence of sand.

48*th Sample.*

Purchased at the shop of—Mr. Palmer, 48, Crawford-street.
Leaves coated with *indigo*, a *little Prussian blue*, and *turmeric*, with the *usual white powder*.

From a consideration of the results of the preceding exami-

nations and analyses, it appears that the *twenty-four* samples of BLACK TEA were all genuine. Even the samples of *scented orange Pekoe* were not, as they used to be formerly, coloured with plumbago or *black lead*.

That of the *twenty-four* samples of GREEN TEA, the *whole* were faced, painted, or glazed. *Nineteen* were coloured with *ferro-cyanide of iron* or *Prussian blue*, and *Kaolin* or *China clay*, and in addition, in *three* samples, *turmeric powder*. *Two* were coated with *Prussian blue*, containing some *indigo* and the usual *white powder; three* with *indigo* and *China clay*, and *one* with, in addition, *turmeric powder*. Lastly, in *two* samples LIE TEA was met with; in one the spurious little masses contained the usual admixture of sand, which was not present in the other, the masses simply consisting of fragments, dust, &c., of tea-leaf agglutinated.

In none of the samples was any foreign leaf met with.

It thus appears—

That leaves other than tea-leaves are rarely to be met with in the teas sold in this country.

That the great bulk of the black teas consumed—the Congous and Souchongs—is genuine.

That the Chinese still face, as heretofore, their green teas.

That they also fabricate "lie tea," although doubtless much less of it is now met with than formerly, owing probably to the greater care exercised by our merchants in the selection of their teas. Some time back a tea called Chulan, Caper, or black gunpowder, was commonly sold. This sometimes was made up wholly and usually in part of lie tea. This article seems to have almost disappeared from the market, for, although we have made many inquiries for it, we have not succeeded in procuring a single sample.

We will now recapitulate, for the purpose of comparison, the chief results arrived at from the examinations of tea made in 1851.

These were in regard to *black* tea:—

That the principal black teas, the Congous and Souchongs, arrive in this country for the most part in a genuine state.

That certain descriptions of black tea, as scented orange Pekoe and Caper, are invariably adulterated, the adulteration in general consisting in the glazing of the leaves with plumbago or black lead, the Caper being likewise subject to admixture with other substances, as paddy husk, lie tea, and leaves other than those of tea.

That several varieties of a spurious Caper or black gunpowder are prepared, which consist of tea dust, and sometimes the dust of other leaves and sand, made up into little masses with gum, and faced or glazed with plumbago, Prussian blue, and turmeric powder. In some cases these imitations are sold separately, but most frequently they are used to mix with and adulterate the better qualities of Caper—namely, those which are made of tea faced with plumbago only.

The principal conclusions with respect to *green* tea were:—

That these teas, with the exception of those from Assam, are invariably glazed with colouring matters of different kinds, such as Prussian blue, indigo occasionally, turmeric, and China clay.

That green teas, more especially the gunpowders, in addition to being faced or glazed, are more subject to adulteration in other ways than black teas, as by admixture with leaves not those of tea, with paddy husk, and particularly with lie tea.

That lie tea is prepared so as to resemble green tea, and is extensively used by the Chinese themselves to adulterate gunpowder tea; it is also sent over to this country in vast quantities, and is employed here for the same purpose.

It is thus evident that a very considerable improvement has taken place in the condition of the article, tea. The green teas, though still faced, are not so thickly painted or coloured as they used to be. Caper has almost disappeared from the market, and LIE TEA is comparatively of rare occurrence.

It is difficult to understand the motive the Chinese have in colouring their green teas. It has been suggested that it is intended to preserve them, by preventing the escape, by evaporation, of their aroma; but this is certainly not the correct explanation, as the teas of the highest quality are the least coloured, which is just the reverse of what would obtain were there any connexion between this practice and the quality of the teas. We believe the real reason is, that the appearance of the tea is considered to be thereby improved; and the practice therefore affords another instance of the sacrifice of wholesomeness and quality to mere appearance.

We are fully of opinion, that English merchants, if they were so determined, could easily effect the abolition of this practice, by making their wishes known in the right quarters. That the practice has led, of late years, to a great reduction in the consumption of green tea is undoubted; and, therefore, the interests of trade are closely affected in this matter. Lie tea soon almost disappeared from the market when the merchants, acting on the information contained in our Report on Tea, made in 1851, resolved to have nothing further to do with it. The remedy for the unnecessary and injurious coloration of green teas is really in the hands of the tea-dealers.

Correspondence.

"Audi alteram partem."

HOMŒOPATHIC CONSULTATIONS.

To the Editor of THE LANCET.

SIR,—As Mr. Ray, of Dulwich, has put his name to a long letter, published in your number for July 27th, on the subject of Homœopathic Consultations, I shall do him the courtesy of sending this note in reply.

Most of the particulars which he details are as new to me as they must be to your readers, for until I saw the letter I was totally ignorant of them, and unconscious that I had been an object of observation to that gentleman. I never heard his name before in connexion with the case to which he refers.

In June, 1858, I was asked to visit Mr. C. R——, of Dulwich, and on the 15th I saw him in the presence of Dr. Bell. He was supposed to have stone in the bladder. I made the necessary examination, and told the patient and Dr. Bell that I could not find one. I was not a minute longer in the house than was needful for the purpose for which I was called, and I never saw the gentleman again.

I have the honour to be, Sir, your obedient servant,

WILLIAM FERGUSSON, F.R.S.

George-street, Hanover-square, Aug. 1861.

THE COLLEGE OF DENTISTS.

To the Editor of THE LANCET.

SIR,—I regret again to have to ask you to allow me a few lines of reply to an "Annotation" in your number of the 20th of July, p. 68, on the proceedings of the College of Dentists.

In the first place, I have to complain that you misinterpreted the meaning of the observation made in my previous letter, that "we (the College of Dentists) are in every particular constituted as many other Colleges." It were, of course, easy to put your construction on this statement, and to draw from it the assumption that the Council of the College claimed to be a chartered body; but, in reality, there was no such intention conveyed in the terms used. My simple and easily understood meaning was that the College of Dentists was constituted—that is to say, brought together or established, as were the colleges named. The fact that one of these colleges has ceased to exist, and that the others after their institution obtained charters of incorporation, has nothing to do with the question, inasmuch as the obtaining of a charter did not alter their constitution, but only confirmed it. I might, perhaps, have used the word "instituted" for "constituted;" but it did not occur to me that the construction you have given to my words could have possibly been applied, seeing that it was universally known that the College of Dentists did not possess a charter.

In the second place, you charge the Council with having on the list of members certain advertising persons, four of whom you mention by name. The answer to this charge is comprised in the simple fact that these four gentlemen were not brought into the College by the present Council, but were admitted by the very persons who are now so strongly opposed to us—a circumstance which, no doubt, enabled them to furnish you with the names of those who are advertising in a manner contrary to the laws of the College, and which the Council themselves were not aware of. These four names were placed on the College list during the first and second years of its establishment, at a time when not more than seven members of the present Council formed part of the executive of the College.

By reference to the records of the College, I find that in December, 1856, a Committee of Scrutiny was appointed to revise the list of members, and finally to decide who were fit and proper persons to be retained, and who should be rejected. This Committee returned, in their list of the gentlemen who

were eligible for membership, the names of Dagnall and Wotton, and did not exclude those of Neep or Moseley, who were already on the roll, and whose names remained on the College list when the members of the Council to whom I have referred resigned, in 1858, nearly twelve months after the report was made by their own Scrutiny Committee, and during which time they continued to receive the subscriptions and recognise as members of the College the four gentlemen whom they now hold up to professional condemnation.

I cannot help thinking that it says much for the proceedings of the present Council, that the enemies of the College, when endeavouring to place it before the public in the worst possible light, could not select, out of a list of 167 names, any other than the four which they themselves left as a legacy to their successors, and which remain rather as evidence of their own neglect and culpability than of any desire on the part of the present Council to countenance such advertisements as these gentlemen are charged with issuing.

Feeling, Sir, that with us as with every other public body there are always errors to be corrected, we shall be glad to have them pointed out, whether by friends or enemies, and, in so far as we are able, will endeavour to correct them. But let our adversaries be assured that we shall not allow ourselves to be crushed by insult, nor shall we cease doing what we believe to be a useful work by the mere intimation of a section of opposing dentists (not more numerous than ourselves) that we must subside to their dictation. If we are comparatively small as a body, such is our unitedness that our means have always been in advance of our necessities; we are steadily increasing in numbers; the younger members of our profession are coming to us eagerly for instruction and alliance; the medical profession has strongly backed us when we have appealed to it; and altogether we have every reason to be satisfied with our success. Further, we have a principle in view—we are anxious to be on terms with the medical profession, but not to constitute a subsection of it; we believe we are distinct as a profession, and should stand as separate for the advantage of your profession, our own, and for the public.

I have the honour to be, Sir,

Your obedient servant,

GEORGE WAITE, M.R.C.S., *President.*

Old Burlington-street, August, 1861.

YELLOW FEVER ON BOARD MERCHANT SHIPS.

To the Editor of THE LANCET.

SIR,—The following remarks are intended as a complement, however incomplete, to the "Observations on the Outbreak of Yellow Fever in Ships of War," in THE LANCET of April 20th.

There is no class of the community of whose hygienic and sanitary condition so little is known as our merchant seamen. That there is a vast amount of sickness and disablement, and much eventual mortality, among them, cannot for a moment be doubted. But beyond this vague assurance, little more can be said; for as yet, to the best of my knowledge, there are no recorded data whatever to enable us to form anything like an accurate opinion as to the health of the mercantile marine generally. I have seen it recently stated that the rate of mortality in this important service is much more than double that in the Royal Navy. If this be the case, the waste of life must indeed be enormous, and the amount of preventable disease at all times and of consequent ineffectiveness among the crews something frightful; for be it ever remembered that well-conditioned and well-found merchant vessels have, in several respects, considerable hygienic advantages over men-of-war, with their large and crowded crews and their prolonged sojourn in unhealthy stations, and should therefore often enjoy a higher state of health. In the present day, when there is such a demand for men in both the merchant and the naval service, and when no small difficulty is experienced in getting a sufficient number of able-bodied seamen to man our vessels, it behoves us to husband our strength in every possible way, and to render as efficient and serviceable as possible all the means at our command.

At the meeting, last year, of the International Statistical Congress, the subject of the mortality in our mercantile marine was brought forward by Dr. M'William, and illustrated by some valuable statistical tables derived from official sources. It is earnestly to be hoped that he will continue his researches in this important and unexplored department of public hygiene. No man could do the work so ably.

The following memoranda by Captain Robinson, of Sunderland (which appeared in the public journals at the time), of what he saw and heard at Rio Janeiro in the summer of 1858, will give the reader an idea of what is by no means a rare occurrence when yellow fever prevails in some tropical ports:—

"One ship at this port had seven captains dead before she could be brought out of the place. The vessel—the *Raleigh*, of South Shields—that I have come home in command of, had her captain, chief officer, second officer, and four of her crew, stricken down by the disease. On the day before the captain died I visited him at the hospital. I there witnessed such sights as I hope never again to see;—poor sailors in the height of the fearful malady with the black vomit, vomiting dark fluid like coffee. I shall never forget the looks they gave me, and how their poor dull eyes brightened as I gave them a word of comfort, and told them they would get better. Next day when I returned to see them I found the whole gone; the captain and six of his crew all dead and buried. Still, 'no cases of fever,' said the Rio journals.

"The number carried off by the yellow fever from January to May, 1858, amounted to 1609, *upwards of* 600 *of the deaths being among English sailors.* ..... The mode of burial is shockingly rude: a suit of the deceased's clothes are put on, a large hole is dug near the hospital, and the dead person is taken in a shell and launched in, uncoffined and uncared-for. Little is known at home what the poor sailors suffer in such a place as this: should sickness seize him, no Florence Nightingale is there to look to him or cheer him in his illness; he despairs, and dies unknown. In the interests of suffering humanity, I hope the day is not far distant when no English ship shall be seen at Rio Janeiro, or at all events not until it ceases to be the grave of British seamen as it now is."

Like scenes have, doubtless, taken place amongst the shipping in several other ports as well as at Rio Janeiro during the last ten or twelve years; but nothing is known of them. It is notorious that, amongst other places in the West Indies, the busy harbour of St. Thomas has been repeatedly the seat of dreadful loss of life amongst the crews of British and other merchant ships; but, as far as I am aware, no connected details have ever been published. Several of the Royal mail packets have at times suffered more or less severely. It is much to be desired that the reports of the medical officers of that service were turned to regular account in the way of public information; much valuable instruction might thus be obtained.

The late Dr. Blair, of Demerara, than whom no one had ever studied the disease with greater attention and sagacity, in his description of the epidemic in Guiana in 1851–2, states that "it commenced amongst the merchant shipping, and began by tainting the ordinary endemic fevers till the disease became a well-developed primary affection." "*The attack generally took place during the night half of the twenty-four hours.* Vessels that carried coal in bulk, or patent fuel, were severely visited. .....Early attention to first symptoms amongst the susceptible was of priceless value in saving human life. When the epidemic poison was in moderate intensity or quantity, the results of treatment were highly gratifying. At such times, when the disease was recognised and treated early, the chances of aborting the seizure were very favourable and decisive."

In the spring of 1853, when yellow fever of a bad type had begun to appear amongst the merchant shipping in Kingston harbour, Jamaica, a Committee of the (then) Central Board of Health addressed a valuable report to the Governor of the island, recommending the following measures for the mitigation and arrest of the sickness:—

"1. That during the prevalence of the malady, the health officer or some other responsible person should be authorized to exercise a strict supervision on all vessels in port as relates to the sanitary condition of the ships themselves, as well as the general health of their crews.

"2. That it should be distinctly pointed out that as soon as any individual is attacked with fever (the accession of which is for the most part well marked), medical aid should be obtained as early as possible, and the sufferer be removed to some well-ventilated apartment on shore, as the Public Hospital; experience, both here and elsewhere, having fully shown that, in general, it is only during the first few hours that the disease is amenable to or influenced by medical treatment, and that in the later stages the mere act of removal is frequently attended with danger.

"3. That in case of a vessel becoming unhealthy, the unaffected portion of the crew should be landed and kept on shore; and with this object the committee would recommend that some airy and healthy locality should be selected and set

aside for their reception, within which a prudent restraint should be enforced.

"The Committee would further suggest that, during the prevalence of sickness, all vessels should be anchored or moored as far as practicable from the shore and from each other, and instead of the crews sleeping under the forecastle, they should be permitted to remain on deck, protected by a suitable awning. The practice of roaming about on shore, especially at night, should be strictly prohibited, and the men confined to their ships.

"That all unnecessary communication between the shore and an affected vessel, particularly by an unacclimated person, should be avoided; numberless instances proving the localization of the disease on board a ship, and the injurious consequences resulting to those placed within its atmosphere.

"That, as recent experience has demonstrated that vessels laden with coals and guano have been more particularly unhealthy, the Committee would advise that in lieu of the crew being employed to discharge the cargo this work should be performed by native labourers."

The report bears the signatures of Dr. Dempster, Deputy-Inspector of Hospitals; and of Drs. Bowerbank and Turner, two of the leading medical men in Jamaica.

That the removal of the men in epidemic seasons from the close and often impure forecastle at night, and the berthing of them in suitable and protected quarters on deck, would be highly beneficial as a prophylactic measure cannot be doubted. It is, moreover, a well-known fact that the chances of recovery, should the sick continue on board, are vastly greater when the patients are left on deck under an awning, and with no other treatment but cold water to assuage their thirst, than under the best medical advice when they are kept below. The same thing has been noticed over and over again in typhus: without pure air around the patient all medication is comparatively valueless.

The daily medical visitation of merchant shipping in a harbour, with the view of detecting the earliest symptoms of disease and attending to the sanitary condition of the crews during the prevalence of epidemic sickness, has been productive on several occasions of signal advantage. It was adopted in 1852, on the recommendation of the late Dr. Gavin, at Demerara, when yellow fever was prevalent there; and the practice was pursued for several months with marked benefit at Balaklava in 1855 for the arrest of cholera, by the advice of the Army Sanitary Commission.

Everything thus tends to show that much may be done to mitigate and control, if we cannot prevent or cut short, some of the most destructive diseases from which our shipping is, every now and then, apt to suffer severely in foreign ports. The subject calls for far more attention at the hands of the medical profession than it has yet received.

GAVIN MILROY, M.D.

ARMY MEDICAL DEPARTMENT.

To the Editor of THE LANCET.

SIR,—The scandalous manner in which the military authorities have broken faith recently with the medical profession has very reasonably excited considerable indignation and disgust. It must be evident now to the most credulous individual that the advisers of her Majesty do not consider it necessary to keep faith with our profession, and it appears to me advisable that they should be taught that "honesty is the best policy." It seems somewhat strange that the same man who in 1858 recommended the Warrant, which her Majesty ordered to be acted upon, should now advise her Majesty to withdraw one portion of it; and there is much cause to fear that if this injury is quietly submitted to, without any substantial remonstrance, further injuries will be inflicted on the profession.

Let me suggest that in all the colleges and hospitals, measures be taken to advise students not to enter the Medical Department of the Army until the Royal Warrant of 1st October, 1858, is restored to its original condition; and that a suitable memorial be presented to the Queen, soliciting the restoration of the rank of which she has been induced by her Minister to deprive her medical officers.

It is said that the *naval* authorities instigated the *military* authorities to this unusual course of proceeding; but it is surprising that they should have followed advice coming from that source, as the Admiralty have ever been notorious for mismanagement and injustice, and their hostility to the medical profession is undisguised.

I trust some able men will be found to stir up the whole profession against this aggression.

The reduction of the second assistant-surgeons of regiments at home was an *indirect* injury to the whole of the Medical Department, as it renders it almost impossible for them to obtain leave; but the last act, reducing the relative rank of surgeons, was a *direct* and public injury.

Your obedient servant,

August, 1861. A SURGEON.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR SPECIAL CORRESPONDENT.)

M. BEAU, physician to the Charité, has for several years past more specially directed his attention to the pathology and treatment of tubercular phthisis, and his wards at that hospital are constantly crowded with cases illustrative of this disease in every possible stage. Although his *treatment*, I am compelled to admit, has never appeared to be one whit more successful than that of his less enterprising *confrères*, yet the experience acquired by his long and conscientious pathological investigation entitles him to a respectful hearing on all points of clinical observation connected with this fearful malady. I give you, therefore, an analysis of a lecture recently delivered by him on the subject. After an enumeration of the ordinary symptoms of phthisis, and mentioning consumption or wasting, together with the tendency to perspire easily and profusely in the first place, M. Beau proceeded to dwell at length on the subject of cough. "The cough," he remarked, "is usually noted to be dry at the onset; and this dry cough, we are told, depends upon the presence and irritation of tubercle; but we must not forget that it frequently appears as symptomatic of that gastric disturbance whence tuberculization so generally takes its rise. The cough in phthisis soon becomes moist, and is accompanied with muco-purulent expectoration, and, perhaps, by hæmoptysis, the latter symptom arriving early in those cases in which the inflammatory process has been unequal to the production of vascular obliteration. The majority of authors tell us that blood-spitting is most common in young subjects. Such an opinion is not borne out by my observation. It is more *abundant*, it is true, in the young, when present at all; but it certainly occurs more *frequently* in the old. In cases of phthisis observed in persons past the age of fifty, hæmoptysis is the rule; and if you interrogate such patients, they will nearly all testify to the presence, at some time or other, of blood-streaks in their sputa, and to the existence of these striæ I attach much importance as an aid to the diagnosis of this disease in old subjects." In speaking of fever, M. Beau laid down that "the amount of fever depends partly on individual susceptibility, and partly on the amount of inflammatory action existing around the cavities formed.....It may be," he continued, "present from the very commencement of the malady, or appear at its close only, or be entirely absent. Its presence is always an unfavourable sign, and its degree of intensity and continuity a guage whereby to estimate the greater or less gravity of the attack. This symptomatic fever—sometimes of a continued character, sometimes of a remittent type, with nocturnal or matutinal exacerbations, or both, sometimes of an intermittent nature—may occasionally be difficult to detect, and evinced merely by a slight flushing of the cheek and warmth of the hands occurring after meals." On the subject of pain, as pathognomonic of phthisis, the lecturer remarked that it was met with in four different regions: 1st. In the middle of the back, in the dorsal region. "To this symptom little importance can be attached," he said, "the sensation being part of the intercostal neuralgia met with in dyspeptic cases." 2nd. Pain may be felt in the subclavicular region, in the first three intercostal spaces, and sometimes extending to the cervical or brachial plexuses of nerves. On this second variety M. Beau lays considerable stress. 3rd. A pain, first noticed by M. Bourdon, is found in the hepatic region, and connected with the fatty condition of liver often observed in cases of pulmonary tuberculization, not of a permanent character, but produced by pressure. 4th. The pain elicited on pressure of the muscles of the thigh just above the knee. "If," said M. Beau, "you examine a phthisical patient in the third stage of this disease, and, starting from the groin, begin to shampoo the thigh, proceeding in a downward direction, you will almost invariably find that your manipulations are sup-

ported with equanimity until you reach a point a little above the joint, when an exclamation of suffering will be elicited This pain, which I call melalgy, or pain in the limbs, (and which, by the way, is not unlike what are called growing pains,) is a real and characteristic sensation peculiar to consumption, and exists most especially in young febrile subjects, and more commonly in those of the female than of the male sex." In referring to the difficulty of detecting the position of cavities by the aid of percussion alone, the lecturer remarked—"The sonorous response of the lung depending for its extent and intensity upon the amount of contained air, it has therefore been imagined that where a large cavity existed the sonority would be increased. This opinion is founded upon error, and is disproved by clinical facts. When a cavity, however large, exists in a lung, dulness on percussion will always be found over its site; the fact being that round the excavation there exists a little *suburb* of callous indurated tissue, through which air cannot penetrate, thereby impairing the quality of the elicited sound." In speaking of the clinical value of physical signs, he added—"Remember, once for all, that in the diagnosis of tubercles of the lung your estimate of the amount of discrganization always falls *below* the mark. In cases in which rough breathing only has been heard at the apex of a lung, and you imagine that the tubercle is still in the period of formation, you find, if an accidental cause carry off your patient, cavities enclosed in healthy pulmonary tissue. In other cases, in which you may only have observed the physical signs of *cavernulæ*, you will find at the autopsy *cavities*, not unfrequently of a large size. At other times you believe the disease to be confined to one lung, and you ascertain on post-mortem examination that both are affected; and so on in proportion. These facts are worthy of remembrance in practice, and as guide to prognosis." Whilst at the Salpetrière, M. Beau made a large number of post mortem examinations, and in all subjects carefully noted the condition of the lungs. During this period he met with no less than 150 subjects whose lungs showed traces of tubercles, but in whom during life the physical signs had been totally absent, and they having never complained of any pulmonary disease whatever. He consequently holds to the curability of phthisis.

M. Démeaux, whose name is already well known to the profession in connexion with the introduction of coal-tar into therapeutics, read a memoir before the Academy of Sciences, at a late sitting, upon a method of treating diabetes, from which he has derived most encouraging results. "I have been," says this practitioner in his communication, "for several years past in the habit of using, in cases of diabetes mellitus, a mixture of extract of rhatany and calcined alum in equal parts, and have been so far successful as to think it incumbent upon me to call the notice of the profession to the effects I have witnessed. In all cases I have obtained a decided modification and amelioration of the symptoms, and in two instances in which the disease was well marked a continuance of the above treatment brought about an entire cure." Two cases, it is true, are not conclusive; but as M. Démeaux has pledged himself to a more complete examination of the subject, the negative or positive solution of the question will be shortly forthcoming.

At the same meeting, M. Bobœuf communicated a series of observations relating to the therapeutic action of the alkaline salts obtained by the combination of phenic acid with bases of potash and soda. The soluble alkaline phenates, he says, applied in solutions of a fifth or tenth degree by means of compresses on freshly inflicted incised wounds, act with the greatest effect as styptics, and immediately arrest hæmorrhage; and by means of still weaker solutions of the same salts, the itch and other analogous affections may be rapidly cured.

In a thesis on the origin of hypertrophy and dilatation of the heart recently sustained at the Faculty of Medicine, and which is making some noise, its author, Dr. Campana, contends that the doctrines ordinarily received in explanation of these structural changes are unsatisfactory, and maintains that such pathological modifications are due to something more than the mere desire on the part of nature to overcome an obstacle to the circulation; this additional and intrinsic cause he takes to be an organic and congenital vice. The idea seems to be partially borrowed from the Clinical Lectures of Dr. Stokes, of Dublin, who observes, when treating of heart diseases, "We cannot determine why in certain cases hypertrophy and dilatation take place, whilst in others the walls of the heart undergo no such alterations; these changes evidently require for their production something more than a simply mechanical obstruction. It is necessary that there should occur in the muscular tissue some vital organic lesion, the presence of which may favour dilatation or hypertrophy. All those who have studied pathological anatomy are well aware that considerable narrowing of the aortic opening may exist without either hypertrophy or dilatation of the ventricle." As a proof of the non-mechanical origin of hypertrophy, M. Campana remarks that the walls of a heart in this condition are never found to be uniformly increased in thickness; that, on the contrary, in certain points thickening, in others extenuation of substances, in others softening and a variety of abnormal transformations, may be noticed, all of which are quite incompatible with the regular increase of development implied in the current theory.

Everyone who has made much use of the ophthalmoscope is aware of the fatigue, both to patient and surgeon, entailed by a prolonged employment of this instrument; so painful, indeed, to the former is the examination of the eye in cases of retinitis and choroiditis, that it is a great question with many oculists whether a diagnosis, even when accurately established, is not almost too dearly purchased, and whether permanent damage is not frequently inflicted by the concentrated rays projected from the concave mirror into an eye already rendered sensitive by inflammatory action. The property of fluorescence, by virtue of which certain bodies or substances intercept and absorb the chemical rays (those most injurious to vision) is possessed in but a feeble degree by the human eye.

During some of the recent demolitions and reconstructions in Paris, the workmen had been enabled to continue their occupation during the whole night by means of the electric light; but the influence of the substitute for daylight told upon the men's eyes, and the plan was discontinued. M. Foucault, however, had suggested as a means of protecting the vision of the workmen from the ill effects of the chemical rays—more abundant in the electric light than in any other,—spectacles of uranium, a highly fluorescent material. M. Argilagos, of Cuba, now comes forward with an application of M. Foucault's suggestion to the correction of the defect at present attributed to the ophthalmoscope. This practitioner has found that by the substitution of a bi-convex lens of uranium for the ordinary glass at present in use, the fatigue above referred to may be spared both to patient and oculist; and, moreover, that prolonged examination of the deep-seated structures of the eye is tolerated by patients who would have shrunk from the dazzle occasioned by the ordinary instrument. Another advantage of the uranium lens is that the use of mydriatic preparations is superseded, for by the modification effected in the quality of the reflected rays the pupil remains in a rather more dilated condition than would be the case under ordinary circumstances.

The Emperor, by a recent decree, has authorized the erection at Tarbes, the native place of Larrey, of a statue of the celebrated surgeon-in-chief of the armies of the first Empire, of whom the first Napoleon was wont to speak as "the most honest man he had ever known."

Paris, Aug. 6th, 1861.

Parliamentary Intelligence.

HOUSE OF COMMONS.

FRIDAY, AUGUST 2ND.

IRISH LUNATIC ASYLUMS.

MR. BLAKE called the attention of the Chief Secretary for Ireland to the great want which existed in the Irish district lunatic asylums of sufficient necessary appliances for promoting the happiness and recovery of the insane. He contrasted the system adopted in England with regard to lunatic asylums with that in operation in Ireland, and urged the desirability and humanity of extending the English system to Ireland. In Ireland the happiness and comfort of the lunatics were quite neglected, and the consequence was that there were few recoveries, while in the English asylums, under the system now adopted of recreation for the lunatics, recoveries were very frequent.

Mr. OSBORNE defended Drs. Hatchell and Nugent (the inspectors of lunatic asylums in Ireland) as being most competent and efficient in the discharge of their duties.

MR. HENNESSY asked what course the Government intended to take with regard to the Registration of Births, Deaths, and Marriages in Ireland.

Sir R. PEEL said he quite concurred with the hon. member for Waterford (Mr. Blake) as to the desirability of ameliorating as much as possible the condition of lunatics in asylums in Ireland, by providing them with proper means of recreation

and amusement, and he thought that a better system to that end might be introduced in Ireland. This was a matter, however, rather for the local boards than for the Government, inasmuch as it was a matter of local expense, which they would have to provide out of the local rates. From reports which he had received from the district inspectors in Ireland, it appeared that much of the English system was in operation in Ireland, and that the means of recreation and amusement for the lunatics in asylums were liberally provided. He also found from the reports of the inspectors, that the average of recoveries was greater in Ireland than in any other country. The per-centage in Ireland was 16; in France it was 15; while in England it was only 10. He would certainly make it a part of his duty further to inquire into the subject on his arrival in Ireland. With regard to the question of the hon. member for King's County, he could only say that at present it was impossible for him definitely to state what course the Govenrment would pursue.

Mr. CARDWELL said that within the last two years many improvements had been introduced with regard to the lunatic asylums in Ireland, and he hoped that shortly nearly the whole of the recommendations of Sir Thomas Redington's commission would be carried out. With regard to the question by the hon. member for King's County, he might say that the Irish Marriage Bill had been withdrawn, because those who by its provisions would have been relieved from certain disabilities did not desire that the measure should be proceeded with this session. The reason why the Registration of Births, Deaths, and Marriages Bill was not proceeded with was that the select committee to whom the Bill was referred introduced a clause giving the clergyman five times the remuneration for registration that English clergymen received.

Colonel DUNNE said, from his experience, he believed that the lunatic asylums of Ireland were most efficiently conducted.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College, at a meeting of the Court of Examiners, on the 1st inst.:—

Armstrong, George William, Duke-street, St. James's.
Autey, William, Leeds.
Douglass, George, Peinshaw.
D'Uminy Benjamin François, Cape of Good Hope.
Fisher, Stephen Winter, Bristol.
Fowler, Charles Henry, Middlesex Hospital.
Galton, John Henry, Brixton.
Garneys, William, Bungay.
Glover, William James Schodde, Plymouth.
Grimmer, William, Cape of Good Hope.
Harper, Joseph, Great Torrington.
Jenkyns, Charles, Tuckingmill.
Jones, William Owen, Bala.
Moore, Henry, Ashover.
Rogers, George Henry, Taunton.
Spurgin, Frederick William, Stratford St. Mary.
Sullivan, John, Brompton, Middlesex.
Thursfield, William Nealor, Barrow.
Williams, William Morgan, Pwllheli.
Yates, James, Oldham.

The following gentlemen were admitted Members on the 2nd inst.:—

Bright, James Albert, Cambridge-square.
Collard, James, Bishopwearmouth.
Cook, John, Warwick-street, Regent-street.
Corbett, Thomas, Stourbridge.
Davies, William Thomas, York-town, Surrey.
Dodd, Edward, North Stoke.
Eade, Charles Hugh, Swansea.
Hursley, John, London.
Kelly, Patrick Joseph, Jamaica.
La Trobe, Frederick Scott, Bedford.
Maling, Edwin Allan, Sunderland.
Markby, Thomas, Chatteris, Cambridgeshire.
Nesbitt, Francis Frederick Charles, Nassau, West Indies.
Risdon, Robert, Arabella-row, Pimlico.
Swinson, Thomas Spilsbury, Leamington.
Turner, William, Edinburgh.

DENTISTRY.—The following gentlemen, having passed the necessary examinations, received their diplomas in Dentistry, at a meeting of the Board of Examiners on the 6th inst.:—

Barker, William, Crescent, New Bridge-street.
Budd, Henry, Turnham-green.
Cobb, John Swanston, Great Yarmouth.
Durant, Edmund, Winchester.
Dunn, Charles William, Florence.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on the 1st inst.:—

Coathupe, Charles, Clifton.
Callaway, Edward, Canterbury.
Croucher, Henry, Bexley.
Grenfell, Henry, St. Just, Cornwall.
Lousley, Oded, Hampstead-Norris, Newbury, Berks.
Marsh, Frederick Howard, Brome, Suffolk.
Newby, Thomas, Great Grimsby.
Roberts, Frederick Thomas, Carmarthen.
Wilson, Henry Octavius, Bridge-street, Bristol.

The following gentlemen also on the same day passed their first examination:—

Langford, Charles Phineas, Great Portland-street.
Ludlow, Ebenezer, St. Bartholomew's Hospital.
Southam, George Thomas Mitchell, Peterborough.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—The library will, by order of Council, be closed from Monday the 19th of August to Saturday the 14th of September, both days inclusive. Books taken out by fellows of the Society previous to the 19th inst. will be allowed to remain in their possession during the time the library is closed, and any work particularly wanted by a fellow during the same period may be had on the third day after special application by letter only.

THE MARSHALL HALL METHOD: NARROW ESCAPE FROM DEATH.—A little girl fell into the mill dam at New Lanark a few days since. She was apparently lifeless when taken out. Some of the bystanders ordered the child to be held up by her heels; but a medical man happening to arrive at the spot just as that unnatural operation was being performed, had the girl treated properly, and she ultimately recovered. The instructions for the treatment of the apparently drowned of the National Life-Boat Institution, based on those of the late Dr. Marshall Hall, have since been circulated in the neigbourhood of New Lanark. These instructions have been extensively circulated by the Life-Boat Institution throughout the United Kingdom and in the Colonies. They are also in exclusive use in her Majesty's fleet.—*Daily Telegraph.*

UNIVERSITY COLLEGE, LONDON.—The result of the Class Examinations at the close of the summer term of the Faculty of Medicine was ascertained at a meeting of the professors and students, at which Professor Erichsen, Dean, presided, on Friday, the 2nd inst., and reported to the Council at their session on the following day, when prizes and certificates were awarded as follows:—

Practical Chemistry (Professor Williamson, F.R.S.): Gold Medal, William M. Rogers, Mauritius; Certificates, 2, William Spooner, Southampton; 3, Geo. W. Knox, London; 4, Julius L. Levy, London.—*Materia Medica and Therapeutics* (Professor Garrod, M.D., F.R.S.): Gold Medal, Thomas Bailey, London; Silver Medals and First Certificates, William Gill, Truro, and John Hackney, London, equal; Certificates, 4, John B. Grewcock, Falkingham, Lincolnshire; 5, Ebenezer Diver, London.—*Pathological Anatomy* (Professor Jenner, M.D.): Gold Medal, J. Talfourd Jones, Brecon; Silver Medal, Thos. Griffiths, Carmarthen; Certificates, 3, Frederick T. Roberts, Carmarthen; 4, William Henry Griffin, Banbury; 5, Ebenezer Diver.—*Medical Jurisprudence* (Professor Harley, M.D.): Gold Medal, Edward Ellis, London; Silver Medal, Frederick T. Roberts; Certificates, 3, William Saul, Banbury, and Thos. Griffiths, Carmarthen, equal.—*Midwifery* (Professor Murphy, M.D.): Gold Medal, William Henry Griffin; Silver Medals, 1, Francis Young, London; 2, Frederick T. Roberts; Certificates, 4, Edward Ellis; 5, Edward R. B. Reynolds, London; 6, Joseph N. S. Shrapnel, Ventnor, Isle of Wight; 7, Henry Thos. Marriott, Colston Bassett, Notts; 8, Alexander Bottle, Dover: 9, John Roberts, Kidwelly.—*Botany* (Professor Oliver, F.L.S.): Gold Medal, Alexander Bruce, London; Silver Medal, George W. Knox; Certificates, 3, Henry Arnott, London, and Edward Thomas Blake, Taunton, equal.—*Liston Clinical Medal* (for Reports and Observations on Surgical Cases in the Hospital): Gold Medal, Richard Dawson, Brighton.

TESTIMONIAL TO DR. BEADY, M.P.—The medical officers attached to the late Civil Hospital at Smyrna have presented this gentleman with a silver inkstand, for his successful services in their behalf, under the following circumstances:—The medical officers were appointed to the Hospital at Smyrna during the Crimean war, under an Order issued by the War Department. Certain articles were signed by them, one of which bound them to three years' service, with a proviso that at the end of the term named they should be entitled to six months' advance pay in the event of their services not being longer required. It so happened that the war ended a few months before the expi-

ration of the stipulated time, and the authorities broke up the hospital, sending the medical officers home, to receive pay merely for the time they were actually employed. The excuse given for the non-payment of the six months' notice money was based on the fact that the three years agreed on had not expired. This was a paltry excuse, as the medical officers were no party to their own removal. They were, moreover, prepared and ready to serve the full period if required to do so. This wretched subterfuge was, however, maintained and relied on with true official pertinacity almost up to the last moment. Dr. Leared, Mr. Holthouse, and the other officers formed, with some parliamentary friends, a deputation that waited on Lord Panmure, then War Minister, who promised to give the question his best consideration. A few days brought a reply, to the effect that his Lordship greatly regretted that he saw no grounds upon which he could recommend the payment of the amounts claimed. Mr. Sidney Herbert then came into power, and another deputation waited on him; but he said nothing could be done, as his predecessor had decided on the merits of the case; moreover, he was of opinion that the medical officers had no claim. At this stage of the business the question was brought under the notice of Dr. Brady by Dr. Leared. On looking over the Order and Articles issued by the War Department, Dr. Brady saw that, in point of law, the War Department was wrong. He, however, took the opinions of several of the lawyers in the House, all of whom agreed with the view he had taken. Thus fortified, he called on the War Minister, who at first would give no hopes—indeed he was not inclined to open the question again, and it was not until Dr. Brady told him, with considerable firmness, that he had no right according to law to withhold the money, that he went into the question with him. It was ultimately settled that a case should be submitted to the law officers of the Crown for their opinion. An opinion in favour of the claim was given by the law officers, and the medical staff of the hospital received their money. We have narrated the above case at some length, as one illustrative of the mode in which medical officers of the Service are occasionally treated, and of the success which followed the praiseworthy and unwearied exertions of Dr. Brady in the just cause of his professional brethren.

PREVENTION OF ACCIDENTAL POISONING.—The Council of the Pharmaceutical Society has appointed the President, Vice-President, Messrs. Morson, Deane, Waugh, Hills, Haseldon, Bucklee, and Bird, a committee to inquire into, and to report to the Council upon, the best arrangements, if any, to be adopted for the protection of the public against accidental poisoning. There is no subject upon which confident suggestions are more frequently offered to the public, and few which are attended with greater difficulty in practice.

HOSPITAL FOR INCURABLES.—A public meeting has been held at the Mansion House, to found an Hospital for Incurables. The attendance was large, and some frightful statistics were adduced. In England, of three only out of the many forms of incurable disease, 80,000 persons die annually; 5,500 of cancer, 9,500 of dropsy, and 64,000 of tubercular diseases; and of these it is estimated that 50,000 are absolutely destitute.

UNIVERSITY OF EDINBURGH: "CAPPING" OF MEDICAL GRADUATES.—The ceremony of "capping" the students of the session 1860-61, who have obtained the degree of M.D., took place on Thursday, the 1st inst., in the Established Assembly Hall. There was a very large attendance, a considerable proportion of which were ladies. The members of the Senatus Academicus present were—Principal Sir David Brewster, Professors Lee, Syme, Simpson, Christison, Balfour, Bennett, Laycock, Allman, Playfair, Traill, and Swinton. The proceedings having been opened with prayer, the graduates, who sat in the body of the hall, and wore their gowns and caps, were shortly addressed in Latin by the Principal. They then advanced one by one to the table, where they were announced by Professor Balfour, and capped by the Principal. As the graduates returned to their seats, they were all more or less cheered. The proceedings concluded by Professor Allman delivering an address, at the termination of which the graduates received the right hand of fellowship from the Principal and Professors. The following are the names of those who obtained their degrees. Three asterisks are prefixed to the names of those gentlemen who received gold medals for their dissertations, two asterisks for those deemed worthy of competing for the dissertation prizes, and one for those commended for their dissertations:—*C. H. Allfrey, England; Jas. Anderson, Scotland; ***John Anderson, Scotland; Wm. C. Armstrong, England; G. W. Baines, England; G. G. Bantock, Scotland; M. Benny, Scotland; J. Berryman, New Brunswick; **A. Crum Brown, A.M., Edinburgh; A. R. Cameron, Scotland; A. F. Carrington, Scotland; ***T. S. Clouston, Orkney; K. W. Cumming, Canada; D. Cuthbertson, Scotland; *T. C. Davies, England; T. T. Dick, Scotland; C. M. Douglas, Canada; A. Fletcher, England; *J. C. Gooding, Barbadoes; **T. S. Gray, Scotland; *A. Hamilton, Scotland; *T. Howden, Scotland; T. Jackson, England; D. James, Scotland; G. Johnstone, England; D. Kydd, Scotland; J. Linton, Scotland; D. Little, Scotland; *J. Little, Ireland; *F. L. Logan, Scotland; D. M'Craig, Scotland; D. M'Iver, Scotland; *J. L. Maclean, Bahamas; **K. M'Leod, A.M., Aberdeen, Scotland; *J. M'Nee, Scotland; *D. M'Rae, Scotland; **S. J. Meintjes, Cape of Good Hope; *J. Meredith, England; W. W. Moore, England; *J. Nairne, Scotland; D. P. O'Herlehy, Ireland; E. B. Passmore, England; ***J. Pettigrew, Scotland; J. D. Porter, Ireland; S. H. Ramsbotham, England; R. Reid, Scotland; *A. Renwick, A.B., Sydney, Australia; *J. Roberts, England; D. G. Robertson, Scotland; W. Robson, Scotland; H. S. E. Schroeder, East Indies; R. B. Selby, Berwick; J. L. Seller, England; A. Shields, Scotland; *J. Simpson, A.M., Aberdeen, Scotland; A. R. Smith, England; W. Spalding, America; *H. Steele, Scotland; J. P. Steele, A.B., Edinburgh, Scotland; F. Steell, Scotland; W. Stephenson, Scotland; G. I. Swanson, Scotland; W. Turner, Wales; *J. Wallace, Scotland; W. M'Culloch Watson, Scotland; H. G. Williamson, England; W. C. Wilson, Scotland.

HOMŒOPATHY.—At a meeting of the Council of the Royal College of Surgeons in Ireland, on Friday last, the following ordinance and resolution was finally adopted:—

"No fellow or licentiate of the College shall pretend or profess to cure diseases by the deception called homœopathy or the practices called mesmerism, or by any other form of quackery; neither shall they or any of them seek for business through the medium of advertisements, or by any other disreputable method. It is also hereby ordained that no fellow or licentiate of the College shall consult with, meet, advise, direct, or assist any person engaged in such deceptions or practices, or in any system or practice considered derogatory or dishonourable by the physicians and surgeons."

The College of Physicians has adopted the following form of declaration to be taken by licentiates on admission:—

"I engage not to practice any system or method (so-called) for the cure or alleviation of disease, of which the College has disapproved; or to endeavour to obtain practice or to attract public notice by advertising, or by any other unworthy means. I also engage that I will neither permit nor sanction the use of my name by any other person for such purposes, nor in connexion with any secret or other remedy; and in case of any doubt relative to the true meaning or application of this engagement, I promise to submit to the judgment of the College. And I solemnly and sincerely declare, that should I violate any of the conditions specified in this declaration, so long as I shall be either a licentiate or fellow of the College, I thereby render myself liable, and shall submit to censure of the College, pecuniary fine (not exceeding £20), or expulsion and surrendering of the diploma, whichever the president and fellows of the College, or the majority of them, shall think proper to inflict."

REGISTRATION OF BIRTHS.—The English Registrar-General stated the other day, in his evidence before a parliamentary committee, that the number of births in England that every year escaped registration is probably 20,000, or 3 per cent. of the whole number of births—a large omission, sufficient to affect considerably calculations based upon the returns. At the recent census, the number of persons in England and Wales was less by 126,460 than the number that might have been expected to be found, from the mere excess of registered births over the deaths since the census of 1851; but, of course, allowance has also to be made for the 20,000 births that are estimated to have yearly escaped registration in the interval since that census, making altogether a deficiency of no less than 326,000—apparently the ten years' excess of emigration over immigration in this part of the United Kingdom. The chief part of these 20,000 births which annually escape registration in England are illegitimate births in London and other towns, the parties wishing for secrecy. There are streets noted for such cases, and in ten days or a fortnight after the birth the parties have disappeared.

A SANITARY MUSEUM.—The Associated Medical Officers of Health are taking steps for the formation of a Sanitary Museum, in order that all the more direct sanitary appliances, such as drain-pipes, stench-traps, cheap water-closets, urinals, ventila-

tors, gas-purifiers, filters, smoke-consumers, &c., may be brought together, and their respective merits the more readily examined, as such a collection would contribute greatly to enlighten the public, and stimulate invention in this direction. The only collection of the kind is that of Mr. Twining, of Twickenham. Application has been made to Government for the grant of a portion of Burlington House for the purposes of the museum, but the request could not be complied with on the ground that the institutions located there were much cramped for room. The Society of Arts, on application being made for the use of their rooms, most readily complied with the request, but could only do so for three or four months in the year, and it was therefore deemed advisable to decline the offer.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, AUGUST 3RD.—The deaths in London in the week that ended last Saturday were 1225. The mortality has been increasing during the last month, but the increase in the present return, over that which preceded it, is very small. The increase in diarrhœa that has been observed since the middle of June, was not maintained last week. The deaths from it rose to 200 in the week that ended July 27th; in the present return the number is 195. Of this latter number, 138 occurred to children less than a year old. Besides the deaths assigned to diarrhœa, 13 were stated to be caused by cholera or choleraic diarrhœa, all of which, except one, occurred to infants. Two children in a family at Royal Mint-street, Aldgate, died of typhus. A child, aged two weeks, died of "erythema of trunk and legs (three days)"; and another child of psoriasis. A fireman, aged thirty-seven years, on board of an Aberdeen steamboat, died from the excessive heat of the fire-room. Small-pox was not recorded in a single case in the week, and with the exception of whooping-cough, which is still above the average, and of diarrhœa, the mortality from zymotic diseases is not very high.

MEDICAL VACANCIES.

THERE is a vacancy in the Surgical Staff of the Great Northern Hospital, in consequence of the resignation of Mr. Savory.

A vacancy has occurred for a Surgeon in ordinary to the Free Dispensary, Portland-town.

The office of House-Surgeon to the South Shields and Westoe Dispensary is now vacant.

The election of a Surgeon to the South Staffordshire General Hospital, in the room of Mr. M'Munn, who has resigned, will take place on the 10th of September.

The office of Medical Superintendent of the Norfolk County Lunatic Asylum, near Norwich, has become vacant by the death of Mr. Edward Casson.

A vacancy has occurred for a Poor-law Medical Officer for District No. 1 of the Highworth and Swindon Union, Wilts.

One of the Surgeoncies to the Derbyshire Infirmary, at Derby, is expected to become vacant shortly by the resignation of Mr. J. W. Johnson.

One of the Surgeoncies to the Meath Hospital and County Dublin Infirmary has become vacant by the death of Mr. Francis Rynd.

There are still vacancies for two Physicians to the Bristol Free Institution for the Treatment of Diseases peculiar to Women and Children, there having been no appointment to those offices on the day fixed for that purpose.

A House-Surgeon is required for the General Dispensary, Rochdale.

MEDICAL APPOINTMENTS.

DR. WM. ELLIOTT has been appointed Consulting-Physician, and Messrs. Kennedy, Nicholson, and Drake, Surgeons, to the Stafford and South Essex Dispensary.

Dr. Robert Hutchinson Powell has been unanimously elected an Honorary Physician of the Chester Infirmary, in the room of Dr. R. P. Jones, resigned.

Dr. Henry Moon has been elected Physician to the Sussex County Hospital, in the room of Dr. King, resigned. Dr. A. W. Seymour has been elected Assistant-Physician in the vacancy caused by the resignation of Dr. Moon on becoming a candidate for the office of Physician; and Dr. King has been appointed Consulting-Physician to the hospital.

Mr. Joseph Henry Partridge has been appointed Surgeon to the Essex and Colchester Hospital, in the room of Mr. A. Partridge, resigned.

Mr. Henry Murray has been elected Surgeon to the Fannait Dispensary, Co. Donegal, vacant by the death of Dr. Baldrick.

MILITARY AND NAVAL MEDICAL INTELLIGENCE.

16th Light Dragoons: Staff Assist.-Surg. C. A. Innes, M.D., to be Assist.-Surg., vice A. K. Richards, appointed to the Staff. 56th Foot: Assist.-Surg. J. B. Jardine, from the 4th Foot, to be Assist.-Surg., vice E. K. W. Smith, M.D., placed upon half-pay. 71st Foot: Staff Assist.-Surgeon R. A. Allen, M.D., to be Assist.-Surg., vice J. Warren, appointed to the Staff. 80th Foot: Assist.-Surg. J. B. Baker, from the 44th Foot, to be Assist.-Surg., vice W. Jackson, deceased. 1st West India Regiment: Staff-Surg. C. Martin, to be Surg., vice J. Davys, appointed to the Staff. 3rd West India Regiment: Staff Assist.-Surg. G. Cardell, to be Assist.-Surg., vice H. D. Massy, appointed to the Staff.

Staff Surg.-Major F. R. Waring, who retires upon half-pay, to have the honorary rank of Deputy Inspector-General of Hospitals, in accordance with the Royal Warrant of Oct. 1st, 1858. Surg. J. Davys, from the 1st West India Regt., to be Staff-Surg., vice Surg.-Major F. R. Waring, who retires upon half-pay. Assist.-Surg. C. C. Dempster, from the 24th Foot, to be Staff Assist.-Surg., vice M. J. Burke, M.D., placed upon half-pay. Assist.-Surg. A. K. Richards, from the 16th Dragoons, to be Staff Assist.-Surg., vice R. A. Allen, M.D., appointed to the 71st Foot. Assist.-Surg. J. Warren, from the 71st Foot, to be Staff Assist.-Surg., vice G. Cardell, appointed to the 3rd West India Regt. Assist.-Surg. H. D. Massy, from the 3rd West India Regt., to be Staff Assist.-Surg., vice C. A. Innes, M.D., appointed to the 16th Light Dragoons.

Commissions signed by Lords-Lieutenants.—8th Tower Hamlets Rifle Volunteer Corps: J. H. Paul, to be Surg. 8th Cinque Ports Rifle Volunteers: W. Cooke, to be Hon. Assist.-Surg. 1st Manchester or 6th Lancashire Rifle Volunteer Corps: Assist.-Surg. R. M. Mann, to be Surg.; G. W. Mould, Gent., to be Assist.-Surg. 3rd Lincolnshire Artillery Volunteer Corps: J. B. Wroe, Gent., to be Assist.-Surg. 2nd Middlesex Artillery Volunteer Corps: E. Llewellyn, to be Assist.-Surg.

Dr. Alex. Muirhead, to be Deputy Inspector-General of Hospitals and Fleets, on the retired list. Surgeons—Dr. John Cotton, to the *Narcissus*; Horace H. Smith, M.D., to the *Wasp*, 13, at the Cape of Good Hope; John Thomson, M.D., to the *Excellent*; James Vaughan, to the *Hero*; W. H. Woods, M.A., M.D., to the *Virago*, 6, at Sheerness; Samuel S. D. Wells, to the *Warrior*; Lowry J. Monteith, to the *London*. Assistant-Surgeons—James Hunter, to the *Curacoa*; Astley Cooper, to the *Cumberland*: David Duncan, to the *Indus*; James Thomson, to the *Cæsar*; Huxton Maxwell, to the *Pembroke*; Josiah Austen, to the *Warrior*. Acting Assistant-Surgeons—Edmund W. Coleman, to the *Warrior*; Henry M'Donnell, to the *Virago*; Belgrave Ninnis, to the *Impregnable*, for service at Plymouth Hospital; John T. Moore, to the *Victory*, for service at Haslar Hospital.

Births, Marriages, and Deaths.

BIRTHS.

On the 30th ult., at Hertford, the wife of George Elin, M.D., of a daughter.

On the 31st ult., at Stafford-street, Edinburgh, the wife of D. Rutherford Haldane, M.D., of twin daughters.

On the 31st ult., at St. George's-road, Pimlico, the wife of Edward Lowe Webb, L.R.C.P. Edin., of a daughter.

On the 3rd inst., at Brighton, the wife of John N. Winter, Esq., M.R.C.S., of a daughter.

MARRIAGES.

On the 30th ult., at St. Anne's Church, Alderney, Robert Storey, Esq., Assistant-Surgeon Royal Artillery, to Henrietta Franklyn, eldest daughter of Thomas Shorland, Esq., L.S.A., of Alderney.

On the 31st ult., at the Parish Church, Woodchurch, Kent, James Henry, only son of the Rev. Robert Price Morrell, of Woodham-Mortimer, Essex, to Emily Marion, only daughter of Frederick Le Mesurier, M.D.

On the 31st ult., at St. Mary Abbott's, Kensington, Edward Forster, Esq., son of the late John Edward Forster, Esq., M.R.C.S., to Lydia Mary Kirk.

On the 1st inst., at St. Mark's, Kennington, William Allingham, Esq., M.R.C.S., of Finsbury-square, to Christiana, youngest daughter of George Cooke, Esq., of Kendall-place, North Brixton.

On the 3rd inst., at Christchurch, Bayswater, Joseph Beauval Murphy, M.D., of Budleigh-Salterton, Devon, to Eliza Josephine, daughter of Calvert Toulmin, Esq., of Inverness-terrace, Kensington-gardens.

On the 3rd inst., at St. James's Church, Westbourne-terrace, Thos. Fraser, M.D., 10th Royal Hussars, to Margaret, youngest daughter of the late Richard Smith, Esq., of Gloucester-terrace, Hyde-park.

DEATHS.

On the 5th of May, at Fingal, Tasmania, Joseph Ward, M.D., only son of the late Henry P. Ward, Chemist, of Nottingham.

On the 6th of May, on board the *John Peile*, while on his voyage from Valparaiso to England, James Paton, Esq., Surgeon, son of the late Wm. Paton, Esq., of Ramsey, Isle of Man, aged 41.

On the 25th ult., Eliza, the wife of George Smith, M.D., of Dodsworth-road, Barnsley, aged 28.

On the 29th ult., Sarah, the wife of F. Haward, Esq., M.R.C.S., of Halesworth.

On the 1st inst., at the Royal Hospital, Haslar, Margaret Euphemia, infant daughter of Dr. Davidson, Deputy Inspector-General.

Surgeons—Henry Somers, M.D.; Thornton Marshall. Assistant-Surgeons—Spencer Boyd Gibb, M.D.; Martin Joseph Burke, M.D.

Medical Diary of the Week.

MONDAY, AUG. 12	ROYAL FREE HOSPITAL.—Operations, 2 P.M. METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M.
TUESDAY, AUG. 13	GUY'S HOSPITAL.—Operations, 1½ P.M. WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEDNESDAY, AUG. 14	MIDDLESEX HOSPITAL.—Operations, 1 P.M. ST. MARY'S HOSPITAL.—Operations, 1 P.M. UNIVERSITY COLLEGE HOSPITAL. — Operations 2 P.M. ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.
THURSDAY, AUG. 15	ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M. LONDON HOSPITAL.—Operations, 1½ P.M. GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M. LONDON SURGICAL HOME.—Operations, 2 P.M.
FRIDAY, AUG. 16	WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.
SATURDAY, AUG. 17	ST. THOMAS'S HOSPITAL.—Operations, 1 P.M. ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M. KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M. CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

TERMS FOR ADVERTISING IN THE LANCET.

For 7 lines and under	£0	4	0	For half a page	£2 12 0
For every additional line	0	0	6	For a page	5 0 0

Advertisements which are intended to appear in THE LANCET of any particular week, should be delivered at the Office not later than on Wednesday in that week: those from the country must be accompanied by a remittance.

To Correspondents.

Chesterfield.—We published a short account of a case which was tried on the 29th of July on the Midland Circuit, before the Chief Baron and a special jury. It was an action for libel brought by Dr. Black and Mr. Jones, gentlemen of the highest respectability practising in Chesterfield, and surgeons to the Chesterfield and North Derbyshire Hospital. Our space will not allow us to give the full details of the trial; but we may state, upon a careful perusal of the evidence, that there was not the slightest ground for the accusations made against the plaintiffs, and that the verdict must meet with general approbation. It is a subject of regret that Mr. Gisborne, after the part which he had taken with respect to the treatment of the case, should have given evidence on the part of the defendant. Mr. Gisborne is a man of experience and position in the profession; so much more, then, is it to be regretted that he placed himself in antagonism to his professional brethren. We congratulate Dr. Black and Mr. Jones on the result of the trial. In bringing the question to an issue before a legal tribunal, they have not only defended themselves successfully from an unjust charge, but have rendered a service to the public and the profession. Honorary medical officers to public charities have most laborious and responsible duties to perform, and should be protected from unjust criticism.

Dr. R. H. Hayes.—He can recover from the time he obtained his diploma; but he must be registered at the period he commences legal proceedings.

THE communication of *Dr. M'Nab* shall appear in an early number.

RIFLE VOLUNTEERS.

To the Editor of THE LANCET.

SIR,—Allow me briefly to reply to "A Battalion Surgeon, R.V." A battalion surgeon of Volunteers holds a *staff* appointment, and is appointed by the Lord-Lieutenant of the county, upon *whose staff* he is; he neither is, nor is "likely to be, on the medical staff of the army," as "One who has Served" states in THE LANCET for July 27th, for the simple reason that he belongs to the Volunteers, and not to the regulars. A battalion surgeon being on the Lord-Lieutenant's *staff*, his relative rank is that of lieutenant-colonel. A regimental surgeon is an honorary assistant-surgeon who has been appointed *surgeon* on the recommendation of the Lord-Lieutenant, in consequence of a corps being raised up to seven or eight companies (such as the City of London Rifles), and formed into a regiment. The office of surgeon is no longer *honorary*, but acknowledged by the War-office, and the surgeon would be required to serve should the regiment be called into active service. With regard to dress: "the Dress Regulations of the Army are to be taken as a guide," with this exception, *gold lace* is not to be used by Volunteers; *silver* lace may, however, be substituted for *gold* whenever it is ordered.

In answer to "A Volunteer Surgeon," he is in duty bound to render every medical and surgical assistance, without fee or reward, to a Volunteer whilst on *military duty*; but immediately he is removed to his home, and out of uniform, the military duties of *both parties* respectively cease.

I beg to state for the information of "Enquirer," that a battalion surgeon, being a field officer, is exempt from the duty on one horse, and will find a space for claiming his exemption on his return paper of "assessed taxes," and would certainly be allowed if an appeal was made.

Your obedient servant,
August, 1861. AN ADJUTANT, R.V.

To the Editor of THE LANCET.

SIR,—I think your correspondent, "One who has Served," has surely consulted some *old* edition of Dress Regulations for the Army; for I find, on referring to the said book, published in 1861, under the head of Rifle Regiments, the surgeon is to wear the regulation cocked hat, as laid down at page 105; and furthermore, the surgeon is to wear the *regimental* shoulder-belt, with a case of instruments attached, in place of the officer's pouch. Your correspondent, I suspect, has consulted the Dress Regulations published in 1859, as they are what he quotes. The last edition, however, published this year, contains the alterations I mention.

You would confer a great boon on the various surgeons attached to Volunteer Corps if you would, in some future number of your journal, publish the latest Dress Regulations for Surgeons in the Army, as in the provinces tailors and outfitters are most profoundly ignorant on the subject.

I remain, Sir, your obedient servant,
Gateshead, August, 1861. DURHAM.

A Student, having passed the preliminary examination established by any of the bodies named in Schedule A of the Medical Act (of which the Society of Apothecaries is one), is at present exempted from further examination in the subjects of General Education at the College of Physicians; but we are informed that this exemption is likely soon to cease in the case of those bodies whose requirements in General Education are below those of the College.

Mr. F. Pearse (Cardiff) shall receive an answer next week.

Chirurgus in Rure, Anti-Quack, M.R.C.S., and others.—No communications except those duly authenticated by the name and address of the writer can be published on the subject of consultations with homœopaths; but any "facts" relating to the matter shall be inserted, provided the writer attaches his name to the letter.

W. G. had better obtain the opinion of a respectable surgeon.

An Invalid.—The climate of Worthing might suit his particular case, though to other persons its warm summer atmosphere might appear relaxing. The genial character of its air, however, is sufficiently testified to by its neighbourhood being the most favourable in England for the growth and ripening of the fig. It is said that a bird, apparently identical with the Becafico (fig-eater) of the Campagna, migrates annually to Tarring and Sompting about the time of the ripening of the fruit.

S. C. R.—In its present form it would be injudicious to publish the letter entitled "Hints to Hospital Physicians." The system of attendance on out-patients at some of our medical institutions is anything but a good one. The practitioner does not allow himself time to form a correct diagnosis in many instances. It is only reasonable to expect that mischief should occasionally occur in consequence. We may perhaps find means of drawing the attention of the profession to the subject on a future occasion.

Army Surgeon.—Bauden's "La Guerre de Crimée, les Campements, les Abris, les Ambulances, les Hôpitaux," &c. &c. Second Edition. Baillière would procure the book if he has not it by him.

Pluto, we believe, would be exempt from the preliminary examination.

THE GLASGOW FACULTY.

To the Editor of THE LANCET.

SIR,—If any College have the right of conferring power to practise both physic and surgery, surely it is possessed by the Faculty of Glasgow. The power of their Charter is most express and comprehensive. It is strange that granting, as they do, diplomas to their Fellows, to practise as physicians, renouncing surgery, and as surgeons, renouncing physic; and to their Licentiates, to practise both medicine, surgery, midwifery, and even pharmacy, that they permit themselves to be considered merely as a College of Surgeons, especially now as both the Poor-law and the Army regulations allow one body the power of licensing to practise both surgery and medicine.

The examination is two-fold, conducted at first in writing, on Medicine, and then a *viva voce* in Surgery, Anatomy, Midwifery, Pharmacy, &c., the candidate sitting at the bottom of a table, around which are the examiners, who question him as they please—perhaps a more trying position than candidates for medical honours have to undergo at any other tribunal. The examination is copiously assisted by microscopes and anatomical and other specimens.

I do hope that the friends of the Faculty will stir themselves, and assert their rights. Why do they not insist on their L.M. being registered?

I am, Sir, your obedient servant,
London, August, 1861. F.F.P. & S.G.

F. G., (Brighton.)—The supposed superiority of the "lactate of iron" is attributed to its ready and perfect solubility in the gastric juices. The syrup of the phosphate of iron might, we think, be found by our correspondent a suitable remedy in the case he describes.

Student, (Bath.)—The preliminary examination is imperative upon candidates entering into the medical classes.

A Naturalist cannot do better than spend his holiday at Ilfracombe, which is, with the exception of Tenby, the richest and most interesting of all the English watering-places to a lover of those forms of marine life which have occupied so much attention of late.

Alienist.—The Sussex County Lunatic Asylum at Hayward's Heath was erected in 1857. It is at present nearly full, containing 402 inmates, of whom 225 are women, and 177 males. About 120 acres of land are attached to the Institution. Its cheerfulness is one of its most important features.

ACCIDENTAL POISONING.

To the Editor of THE LANCET.

SIR,—The mechanical contrivances suggested from time to time in your columns for the prevention of accidents by poisoning are ingeniously conceived; but it may be doubted whether the adoption of any save the "narrow-necked bottles" would to any extent prove effectual. All the other plans are proposed seemingly under the impression that the objections of druggists on this point must be conclusive, and that Government is not likely to interfere in the matter. But let me ask, Is not the protection of the public from these accidents to be regarded as of more consequence than the groundless prejudices of a trading body, in whose hands the health and life of thousands of persons are held? I say "groundless" prejudices, because there can be no reasonable objection to the universal adoption by druggists of an article so simple and inexpensive, the use of which would render unnecessary other more complicated methods which have been devised.

I remain, Sir, your obedient servant,
August, 1861. PRO BONO PUBLICO.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. Fergusson; Mr. Hilton; Mr. Burgess; Mr. Mellon; Mr. Horatio Bresehlay; Dr. John Baker, Littleham, Devon; Mr. Stillwell; Dr. Thorn; Mr. G. J. Allman; Dr. M'Nab; Mr. T. O. Walker; Dr. Sansom; Dr. Hearne, Southampton; Dr. Holland, Bristol; Messrs. Gabriel, Liverpool; Mr. C. H. Pemberton, Martley, (with enclosure;) Mr. A. J. Wood, Gloucester; Mr. E. Jones, Bristol, (with enclosure;) Mr. W. Davison, (with enclosure;) Mr. W. H. Blair, Peterboro'; Mr. G. Hine, Epping, (with enclosure;) Dr. Beale, Congleton; Mr. J. Appleyard, (with enclosure;) Mr. W. Pursell, Wolverhampton; Mr. W. Copney; Mr. F. Pearse, Cardiff; Dr. Cheetham, Rochdale, (with enclosure;) Mr. J. Brown, Stoney Cross; Mr. S. W. Smith, Pershore, (with enclosure;) Dr. Sisson, (with enclosure;) Mr. E. Edwards, Crewe, (with enclosure;) Mr. D. B. Skey, Reading; Mr. J. G. Glover, South Shields; Dr. J. S. Beveridge, Stamford, (with enclosure;) Mr. R. T. Skaife, Easingwold; Mr. R. Boden, Smalley, (with enclosure;) Dr. Fegan, Towcester, (with enclosure;) Mr. Gorst, (with enclosure;) Mr. James, Kilkenny, (with enclosure;) Mr. C. King, (with enclosure;) Mr. B. Penley, Bath; Mr. Wynter, Winslow, (with enclosure;) Mr. Wraith, (with enclosure;) One of Many; Bishop of London; M.D., Brighton, (with enclosure;) W. G.; Medicus, (with enclosure;) L. M., Beaumaris, (with enclosure;) Alpha, (with enclosure;) Philo; H. G. S.; &c.